

Initial Consultation for Cognitive Behavioral Therapy

Date: [Insert Date]

Dear [Client's Name],

Thank you for reaching out to schedule an initial consultation for cognitive behavioral therapy (CBT). We understand that taking this step is significant, and we are here to support you.

Your initial consultation is scheduled for [Insert Date and Time] at [Insert Location/Platform]. During this session, we will discuss your current concerns, the goals you hope to achieve through therapy, and how the cognitive behavioral therapy process works.

Please take a moment to fill out the attached intake form and return it to us prior to our meeting. This information will assist us in making the most of our time together.

If you have any questions or need to reschedule, please feel free to contact me at [Insert Phone Number] or [Insert Email Address].

We look forward to meeting you and beginning this journey together.

Sincerely,

[Your Name]

[Your Credentials]

[Your Practice Name]

[Your Contact Information]