

# **New Beginnings Counseling & Coaching, LLC.**

Margaret Rose Fonseca, ED.S., MA, LPC, CPC

Licensed Professional Counselor

Certified Professional Coach

[margaret.newbeginningscoaching@gmail.com](mailto:margaret.newbeginningscoaching@gmail.com)

Phone: 678-719-8974

## **WELCOME!**

Mental Health Counseling Matters: Let us confront the stigma and break the silence of suffering to begin your path journey to create healing to your heart, body and mind. My commitment to you is to provide a space of trust, safety, and challenge.

Clients virtually connect to my office on time at the designated email link on the day and time scheduled. You need to have a journal to record occurrences. Come to session with updates, progress and current challenges. Let me know what you want to work on and ready for therapy. My schedule is Mondays and Fridays 9:00am - 7:00pm, I check my messages a few times per day Monday thru Friday and will do my best to respond as quickly as I can. There are times my response may not be immediate, and appreciate your patience, as I may be in session with other clients, addressing professional or personal responsibilities.

## **MY COMMITMENT:**

I am Margaret Rose Fonseca, a licensed counselor and mental health therapist. I have been in practice for 30 years in private practice and online helping you to achieve maximum results. Expect me to be committed to your success, fully present, challenging, encouraging and always supportive when we meet. The aim is to make it easier for you to develop a lifelong model of setting goals to overcome challenges hindering personal and professional growth, and to create a life of balance. You are my priority during our time together.

## **PONDER FOR A MOMENT:**

The commitment to counseling/mental health therapy, is a commitment to you. Understand that this time is for “You and about You” Starting this journey means that you will need to make space in your life to allow the great things that you want to happen to take place. This means making your priority long enough to take the steps necessary to attempt the goals that we establish. If you choose to not use these sessions and keep doing what you have always done, you will get the results you have always gotten.

## **New Beginnings Counseling & Coaching Contract**

1. I understand and agree that I am fully responsible for my well-being during my mental health calls, including my choices and decisions. I am aware that I can choose to discontinue counseling and mental health therapy, at any time.
2. I understand that each session is a relationship I have with my counselor/therapist to resolve challenges that has eluded me for a while. I am seeking therapy, because I deserve more in my physical, medical and mental wellbeing. I know to make change a reality, I need to make achievable goals, to hold onto courage, to remain grounded, to be committed, and change to a healthy future of confidence, power and wisdom.

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3. I understand that each session is a comprehensive process that may involve opening unresolved issues in all areas of my life, including work, finances, health, relationships, education and recreation, which may result in painful and unpleasant negative emotions. I acknowledge that deciding how to handle these issues and implement my choices is exclusively my responsibility.
4. I understand that information about my personal intake assessment and therapy session is kept confidential except as mandated by law (that excludes disclosure of illegal or unethical activities). In the event information is requested about me, I must sign a release before any information is given to anyone, except mandated by law.
5. I understand that each therapy care/coaching session is not to be used in lieu of other professional advice. I will not seek professional guidance for legal, medical, financial, business, spiritual or other matters. I understand that all decisions in these areas are exclusively mine and I acknowledge that my decisions and my actions regarding them are my responsibility.

## **a. SESSION FORMAT**

- Sessions are by Virtual Video.
- Assist you in writing achievable goals. Between sessions I assign homework with written assignment to be completed, for you to gain insight into identifying challenge.
- Celebrate courage, accomplishments and success.

## **b. PAYMENT**

- I understand and agree to pay a set fee of \$75.00 for individuals or \$125.00 for couples. Sessions are 60 minutes.
- All fees are paid prior to our session, and is deposited in my” **Stripe**”™ or “**Zelle**”™ Account.
- Any changes or cancellations must be made at least 24 hours before the scheduled appointment time.

## **c. AS THE CLIENT YOU ARE RESPONSIBLE FOR:**

- Being prepared for each session weekly.
- Being on time.
- Payment is deposited to my “**Stripe**”™ or “**Zelle**”™ Account prior to scheduled session.
- Give 24-hours’ notice to reschedule or cancel session.
- Being honest at all times

## **d. AS YOUR COUNSELOR, I AM RESPONSIBLE FOR:**

- Being fully present.
- Being focused on results.
- Making requests.
- Complete confidentiality.

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***WRITTEN ACKNOWLEDGEMENT AND CONSENT TO COUNSELING***

***Please Check!***

I have read, understood, accept and agreed and herewith consent to counseling/mental health therapy and coaching with Margaret Rose Fonseca ED.S., MA. LPC, CPC

***Client Signature:*** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Margaret Rose Fonseca ED.S., MA. LPC, CPC Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Client Information

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

Phone: Mobile (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Age: \_\_\_\_ Birthdate: \_\_\_\_\_

Sexual Orientation:  Heterosexual?  Lesbian?  Gay?  Bisexual?  Questioning?  Prefer not to answer?

Education:  High School,  Degree; Occupation \_\_\_\_\_

Marital Status:  Single?  Married? \_\_\_\_ Number Years Married?  Separated?  Divorced?  
 Widowed?

Spouse Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Children:

Name: \_\_\_\_\_  M/ F, Age: \_\_\_\_; Name: \_\_\_\_\_  M/ F Age: \_\_\_\_

Name: \_\_\_\_\_  M/ F, Age: \_\_\_\_; Name: \_\_\_\_\_  M/ F Age: \_\_\_\_

Brothers and sisters (including yourself) in birth order:

Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

In your family, was there history of?

- Alcoholism?  Yes  No
- Substance Abuse?  Yes  No. Mental Illness?  Yes  No

Do you drink alcohol?  Yes  No; If yes, how often? \_\_\_\_\_

Hospitalized for substance abuse/Alcoholism?  Yes  No, Eating disorder?  Yes  No

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- Please list any disability, medical condition, physical symptoms or prolonged physical illness you would like your counselor/therapist to know about? What kind?

\_\_\_\_\_

- Current medications you are presently taking?

\_\_\_\_\_

- How do you administer your medication? Morning  Afternoon  Bedtime?

- Have you had previous psychiatric care/or counseling? Yes  No . If Yes, complete below:

- Sessions from \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_
- Details?

\_\_\_\_\_

- Is domestic violence currently an issue in your relationship? Yes  No

- When was the las/t time you thought about suicide?

\_\_\_\_\_

- Are you currently experiencing depression, anxiety, panic attacks? Yes  No

- Are you currently experiencing chronic pain? Yes  No

- Are you satisfied with your current sleeping habits? Yes  No

- Explain \_\_\_\_\_

- Primary Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

- How were you referred to our office? \_\_\_\_\_

- Who may we thank for referring you? \_\_\_\_\_

- Sign and return to: [margaret.newbeginningscoaching@gmail.com](mailto:margaret.newbeginningscoaching@gmail.com)

Client Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_