

New Beginnings Counseling & Coaching, LLC.

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

Licensed Professional Counselor

Certified Professional Coach

margaret.newbeginningscoaching@gmail.com

Phone: 678-719-8974

WELCOME!

As you may have already discovered, therapy/counseling offers you the opportunity to create what it is that you want in your life.

It unlocks your potential and supports you while you maximize your performance and achieve your goals. As your psychotherapist, my goal is to get you to where you want to go. My commitment to you, is to provide a space of trust, safety, and challenge. Before we begin though, there are several key points that are important to understand. After reading through the following points and the attached contract, please sign where indicated, make copies for yourself and return to me.

Clients call my office on time at the designated number 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 Monday thru Friday 9:00am - 6:00pm, 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, Psychotherapist. I have been in practice for 28 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 psychotherapy, counseling/coaching 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.

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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 therapy, counseling and coaching 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.
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 session is not to be used in lieu of 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.

➤ **SESSION FORMAT**

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

➤ **PAYMENT**

- I understand and agree to pay a set fee of \$130.00 for each 50 minute session per individual week.
- All fees are paid prior to our session, and is deposited in my Stripe Account.
- Any changes or cancellations must be made at least 24 hours before the scheduled appointment time.

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➤ **INSURANCE**

- Insurance is not accepted.

➤ **AS THE CLIENT YOU ARE RESPONSIBLE FOR:**

- Being prepared for each session weekly
- Being on time
- Payment is deposited to my Cash App or Zelle Account prior to scheduled session
- Give 24-hours' notice to reschedule session
- Being honest at all times

➤ **AS YOUR COUNSELOR, I AM RESPONSIBLE FOR:**

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

WRITTEN ACKNOWLEDGEMENT AND CONSENT TO COUNSELING

Please Check!

I have read, understood, accept and agreed and herewith consent to counseling/psychotherapy/
coaching therapy 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 (____) ____ - ____ Work (____) ____ - ____ Ext. _____ Home (____) ____ - ____

Permission to mail to this address or call you? Yes ____ No ____

Age: ____ Birthdate: _____ Birthplace _____

Religious/Spiritual affiliation you identify with: _____

Sexual Orientation __ Heterosexual __ Lesbian __ Gay __ Bisexual __ Questioning __ Prefer not to answer

Education: ____ High School ____ Degree _____ Occupation _____

Marital Status: __ Single __ Married __ Years Married ____ Separated __ Divorced __ Widowed

Spouse Name: _____ Age: _____ Occupation: _____

Children: M F Name: _____ Age: ____ M F Name: _____ Age: ____

M F Name: _____ Age: ____ M F Name: _____ Age: ____

M F Name: _____ Age: ____ M F Name: _____ Age: ____

Were you raised by: Both parents? ____ Single parent? ____ Relative? ____ Other? _____

Father's name: _____ Age: _____ Occupation: _____

Marital Status: __ Single __ Years Married ____ Separated ____ Divorced ____ Widowed

Mother's name _____ Age: _____ Occupation: _____

Marital Status: __ Single __ Years Married ____ Separated ____ Divorced ____ Widowed

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? ____ Substance Abuse? ____ Mental Illness? ____

Have you ever been hospitalized for substance abuse, alcoholism, eating disorders? _____

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: _____

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Have you had previous psychiatric care/or counseling? Yes ___ No ___

If yes, give: Name of clinician _____ Degree/License _____

Sessions from _____ To _____

Yes__ No __ Details: _____

When was the last time you thought about suicide?

Are you currently experiencing anxiety, panic attacks?

Are you currently experiencing chronic pain?

Are you satisfied with your current sleeping habits? _____ Explain

Personal Employer: _____ Occupation: _____

Primary Physician: _____ Phone: (____) ____ - _____

How were you referred to our office? _____

Who may we thank for referring you? _____

Client Signature: _____ **Date:** ____/____/____

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1. The Way My Life Is.
2. The Way I want my Life to Be.
3. How am I going to get from the way my life is to the way I need my life to be?
4. What do I need to change in my life to get to the way I need my life to be?
5. How will I feel when I experience success and balance?