

DATE

NAME OF RECIPIENT

ADDRESS 1

CITY, STATE, ZIP

Dear NAME OF RECIPIENT:

We are glad you called. Calling for an appointment can be hard to do. It means you are thinking about how gambling has caused you problems. It might help to think about how your recent gambling may conflict with the way you want to live your life and you may be unsure about what to do. We want work with you to explore the costs and benefits of what you have been doing. Doing this often helps people to decide if they want to make changes. While you need to decide about your gambling, we look forward to learning more about you. We are here to help and support you in any changes you might want to make.

Motivational Interviewing  
Components

In advance of your appointment, we would like to tell you about us. NAME OF CLINIC started in 1999. We had learned that many struggle due to their gambling. Since opening the clinic, we have worked with over 450 individuals. We also have done a great deal of research on how to help people make changes. As a result of our work, we have become known as a national leader in helping people with their gambling.

Expectations Components

Some people wonder about how our treatment works. There are several likely causes of your gambling problems. We know that understanding a person's gambling history is essential. Together we find skills that can create new ways of thinking and behaving. Once a person starts to change, it is important to be in control of your gambling and get on a path of better financial health. We believe that change happens if we work together to find different choices. We have learned that most people can create and maintain change in less than 10 one-on-one meetings with a member of our staff.

The next step is that we meet at NAME OF CLINIC on DATE. I've included a page with directions about how to find the clinic. Walking through the door is a step closer to making some changes. If you are unsure about coming in, give us a call or drop us a note. We are here to answer your questions and help you do what is best for you.

Sincerely,

NAME OF CLINIC DIRECTOR, PhD

Clinical Director, NAME OF CLINIC

PHONE NUMBER FOR CLINIC

EMAIL ADDRESS FOR CLINIC