

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Subject: Initial Warning: Missed Psychiatric Evaluation Appointment

Dear [Insert Patient Name],

This letter is to formally notify you that you missed your scheduled psychiatric evaluation on [Insert Date] at [Insert Time] with [Insert Clinician Name]. Our records indicate that we did not receive a cancellation notice or a request to reschedule prior to this appointment.

The psychiatric evaluation is a critical step in your mental health care and treatment planning. Missing these appointments without notice disrupts our ability to provide timely care and prevents other patients from utilizing that time slot.

Our Policy:

Please be reminded that our office requires [Insert Number, e.g., 24 or 48] hours' notice for any cancellations or rescheduling. Failure to provide notice may result in a "No-Show" fee of \$[Insert Amount] and may impact your future standing as a patient at this clinic.

Next Steps:

To maintain your progress, please contact our office at [Insert Phone Number] by [Insert Deadline Date] to reschedule your evaluation. If we do not hear from you by this date, we will assume you no longer wish to pursue treatment, and your file may be marked as inactive.

If you missed this appointment due to an emergency, please let us know as soon as possible so we can take that into consideration.

Sincerely,

[Insert Your Name/Department Name]

[Insert Practice/Clinic Name]

[Insert Phone Number]

[Insert Email Address]