

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Subject: WARNING LETTER - Missed Psychiatric Assessment Appointment

Dear [Insert Patient Name],

This letter is to formally notify you that you missed your scheduled psychiatric assessment on [Insert Date] at [Insert Time] with [Insert Provider Name]. Our records indicate that you did not contact our clinic to cancel or reschedule this appointment in advance.

Psychiatric assessments are essential for establishing an accurate diagnosis and creating an appropriate treatment plan. Missing these appointments delays your care and prevents other patients from receiving timely medical attention.

Our Policy:

Our clinic requires at least [Insert Number] hours' notice for cancellations. Failure to attend scheduled appointments may result in:

- A missed appointment fee of \$[Insert Amount].
- Difficulty in rescheduling future evaluations.
- Potential discharge from our clinic if multiple absences occur.

Please contact our office at [Insert Phone Number] by [Insert Deadline Date] to reschedule your assessment. If you are experiencing a mental health emergency, please proceed to the nearest emergency room or call emergency services immediately.

We remain committed to your health and look forward to hearing from you.

Sincerely,

[Insert Staff/Doctor Name]

[Insert Clinic Name]

[Insert Contact Information]