

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased that you have chosen our holistic psychiatry practice for your mental health care. Our approach focuses on treating the whole person-mind, body, and spirit-rather than just addressing symptoms.

Your initial consultation is scheduled for:

Date: [Date of Appointment]

Time: [Time of Appointment]

Location: [Office Address or Telehealth Link]

What to Expect:

During your first visit, we will conduct a comprehensive evaluation. In addition to discussing your mental health history, we will explore your lifestyle, nutrition, sleep patterns, and physical health to create a personalized, integrative wellness plan.

Next Steps:

- Please complete the attached New Patient Intake Forms and return them at least 24 hours before your visit.
- Provide a list of all current medications, vitamins, and herbal supplements.
- If you have recent lab results (within the last 6 months), please bring copies or have them forwarded to our office.

Cancellation Policy:

We require [Number] hours' notice for any cancellations or rescheduling to avoid a fee of [Amount].

We look forward to partnering with you on your journey toward balance and healing. If you have any questions, please contact us at [Phone Number] or [Email Address].

Sincerely,

[Provider Name/Signature]

[Provider Title]

[Practice Name]