

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Mental Wellness Center Name]. We are pleased that you have chosen us to support your mental health and wellness journey.

Our goal is to provide a safe, confidential, and supportive environment for all our patients. To help you get started, please review the following information regarding your first appointment:

- **Date and Time:** [Appointment Date] at [Appointment Time]
- **Provider:** [Provider Name]
- **Location:** [Office Address or Telehealth Link]

Please complete the attached intake forms and bring them to your first session, or submit them through our patient portal at [Portal URL]. If this is an in-person visit, we recommend arriving 15 minutes early to finalize your registration.

What to Bring:

- Photo ID
- Insurance Card
- List of current medications

Cancellation Policy:

If you need to reschedule or cancel your appointment, please notify us at least [Number] hours in advance to avoid a cancellation fee.

If you have any questions before your visit, please contact our office at [Phone Number] or [Email Address].

We look forward to meeting you.

Sincerely,

[Name/Signature]
[Title]
[Mental Wellness Center Name]