

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

## Welcome to [Clinic Name]

Dear [Patient Name],

Welcome to our practice. We look forward to meeting you and assisting you with your mental health care needs. This letter contains important information regarding your upcoming initial evaluation.

### Appointment Details

**Date:** [Date of Appointment]

**Time:** [Time of Appointment]

**Provider:** [Provider Name]

**Location:** [Physical Address or Telehealth Link]

### What to Expect

Your first appointment will last approximately [Number] minutes. During this time, we will review your medical history, current symptoms, and goals for treatment. This is a collaborative process to determine the best plan for your care.

### What to Bring

- Photo ID and Insurance Card.
- A list of all current medications (including dosages).
- Completed new patient intake forms.
- Records or contact information for previous mental health providers.

### Clinic Policies

**Cancellations:** Please provide at least [Number] hours notice if you need to cancel or reschedule. Failure to do so may result in a "No Show" fee of \$[Amount].

**Payment:** Co-payments and deductibles are due at the time of service.

**Confidentiality:** Your privacy is a priority. All information shared is confidential, subject to legal and ethical exceptions which will be discussed during your visit.

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

Sincerely,

[Provider Name/Clinic Admin]  
[Clinic Name]