

[Date]

Dear [Patient Name],

Welcome to [Clinic Name]. We are honored that you have chosen our integrative practice to support your mental health and well-being. Our approach combines traditional psychiatric care with complementary therapies to treat the whole person-mind, body, and spirit.

Your first appointment is scheduled for:

- **Date:** [Date]
- **Time:** [Time]
- **Provider:** [Provider Name]

To prepare for your first visit, please complete the following:

- Fill out the attached intake forms and medical history.
- Provide a list of all current medications and supplements.
- Bring a copy of your insurance card and a valid ID.

What to Expect:

During your initial consultation, we will discuss your history, current concerns, and goals. Together, we will create a personalized wellness plan that may include psychotherapy, nutritional support, mindfulness practices, or medication management.

If you need to reschedule, please contact us at [Phone Number] at least 24 hours in advance to avoid a cancellation fee.

We look forward to partnering with you on your journey to wellness.

Sincerely,

[Your Name/Signature]

[Clinic Name]

[Phone Number]

[Website URL]