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First Appointment Follow-Up Kit

Turn more inquiries into attended, paid first sessions, with the words, timing and tracking that make it happen.

Program	Resource	Version	Prepared for
Moonraker Academy free bonus	Follow-up and intake	October 2026	Your practice





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How to use this kit



Most new clients are won or lost in the first 48 hours after they reach out. This kit gives your team the exact words, timing and tracking to turn more of those inquiries into attended first sessions.

Use what fits your practice, adapt the wording to your voice, and keep a simple inquiry log so you can see what is working.

Scott Pope Moonraker Academy

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Most practices do not lose new clients because of their marketing. They lose them in the gap between "someone reached out" and "someone sat down for a first session." A person who has worked up the courage to contact a therapist will often contact two or three at once, and the first practice that replies warmly and clearly is usually the one they book with.

This kit gives you a simple, repeatable system for that gap:

- A response-time standard and a workflow so every inquiry has an owner.
- Copy-ready templates for every common touchpoint, from the first reply to the no-show follow-up.
- A reminder sequence that keeps attendance high without oversharing.
- A simple inquiry log so you can see where inquiries come from and where they drop off.
- Privacy guardrails for the US, Canada and Australia.

How to use the templates. Every template sits in a bordered box. Text in `[square brackets]` is a placeholder: replace it with your own details and delete the brackets. Adjust the tone so it sounds like

you. Keep the structure, since each template is built to give the person exactly what they need to take the next step and nothing they do not.

> **Important.** This kit is practical guidance, not legal advice. Your practice is responsible for its own compliance. Check anything you are unsure about with your licensing board or professional body, your professional liability insurer, or a lawyer who works with health practices in your jurisdiction.

1 Response-time standard and inquiry workflow

The standard

Pick a standard you can actually keep, write it down, and share it with everyone who touches inquiries. We suggest:

Inquiry type	Target first response	Outer limit
Web form or email received during business hours	Within 2 business hours	Same business day
Web form or email received after hours or on a weekend	By 10am next business day	End of next business day
Voicemail	Within 2 business hours	Same business day
Text message (only if you offer texting)	Within 2 business hours	Same business day
Inquiry that mentions risk or crisis	Immediately, using your crisis protocol	Do not wait

A fast, warm reply that offers a clear next step beats a perfect reply sent tomorrow. If you cannot fully answer a question yet, acknowledge the inquiry now and say when you will follow up.

Who answers

Write the names into this table and keep it somewhere the whole team can see.

Role	Person	Covers
Primary inquiry owner	[Name]	All new inquiries, Monday to Friday, [hours]
Backup	[Name]	When the primary is in session, sick or on leave
Clinical review	[Name]	Fit questions, risk screening, referral-out decisions
After-hours check	[Name or “none”]	One check at [time] on weekdays, [time] on weekends, if you choose to offer this

Solo practitioners: you are all four roles. Block two short “inquiry windows” in your calendar each day (for example, 12:00 and 4:45) so replies do not depend on remembering between sessions.

The workflow, step by step

1. **Inquiry arrives.** It lands in one shared, secure inbox or system, never a personal email account or personal phone.
2. **Check for risk first.** If the message suggests someone may be in danger, follow your crisis protocol before anything else. Your auto-reply and website should always point to emergency services and crisis lines.
3. **Reply within the standard** using the matching template from Section 2. Offer one or two specific times or a booking link. Do not ask for clinical details in writing.
4. **Brief fit check.** A short phone consult or a few non-clinical intake questions (availability, location or telehealth, fees or insurance, the general area they want help with). Keep detail to what you need to decide fit.
5. **Book or redirect.** If it is a fit, book the first session and send the confirmation (Section 3). If not, send the referral-out reply. If you are full, offer the waitlist.
6. **Remind.** Reminders go out on the schedule in Section 4.
7. **Follow up.** If the person does not book, misses the session or cancels late, use the templates in Section 5. One touch for someone who never booked, then stop.
8. **Count it.** Add a row to your inquiry log (Section 6) and keep it up to date.

When no one is available

- Set an auto-reply on your inquiry inbox and voicemail that confirms receipt, states when you will respond, and lists emergency and crisis options.
- If the primary owner is away for more than one business day, the backup checks the inbox at least twice a day.
- If you are a solo practitioner on leave, say so on your website and in the auto-reply, give your return date, and offer one or two trusted colleagues as alternatives.
- Never let an inquiry sit unanswered for more than one business day. Even “I am away until Tuesday and will reply properly then” keeps the door open.

Auto-reply wording

COPY **Template 1.1: Inbox and voicemail auto-reply**

Thank you for contacting **[Practice name]**. We have received your message and will reply within **[response standard, e.g. two business hours / by 10am the next business day]**.

This inbox is not monitored around the clock. If you are in crisis or worried about your safety or someone else's, please call **[emergency number: 911 in the US and Canada / 000 in Australia]** or contact **[crisis line: e.g. 988 in the US and Canada / Lifeline 13 11 14 in Australia]**.

Please do not include personal health details in your message. We will talk through what you are looking for when we connect.

[Your name]
[Practice name] | **[Phone]** | **[Website]**

2 Reply templates

Each template is written for the first contact. The aim is the same every time: thank them, show you have read their message, make the next step easy, and keep clinical detail out of writing.

COPY **Template 2.1: First reply to a web-form inquiry (email)**

Subject: Your inquiry with **[Practice name]**

Hi **[First name]**,

Thank you for reaching out. Taking that first step can feel like a lot, and I am glad you did.

I would be happy to talk with you about whether working together would be a good fit. The easiest next step is a free **[15]**-minute call, where you can ask questions and I can learn a little about what you are looking for.

Here are a few times I have open:
- **[Day, date, time, time zone]**
- **[Day, date, time, time zone]**

If neither works, you can choose a time here: **[booking link]**, or simply reply with a few times that suit you.

A few quick details so you know what to expect:
- I see clients **[in person at (suburb/neighborhood) / by telehealth across (state/province)]**.
- My fee is **[fee]** per **[50]**-minute session. **[I am in network with (plans) / I can provide a receipt (superbill) for out-of-network reimbursement / Medicare rebates are available with a valid referral]**.

To protect your privacy, please do not share health details by email. We can talk about anything you would like on our call.

Warmly,
[Your name], **[credentials]**
[Practice name] | **[Phone]**

COPY **Template 2.2: Voicemail callback script**

Hi, this is **[Your name]** from **[Practice name]**, returning your call from **[day]**. Thank you for getting in touch.

I would love to find a time to talk. You can call me back on **[phone number]**, and the best times to reach me are **[times]**. You can also book a short call online at **[website or booking page]**.

I will try you once more **[tomorrow / on (day)]** in case that is easier.

Thanks, and talk soon.

Before leaving a voicemail, check what the person asked for. If they did not say a voicemail is OK, keep it to your first name and a callback number, and leave out the word “therapy” and the practice name if it reveals the nature of the service. Record their preference once you speak.

COPY **Template 2.3: Text/SMS reply (only if the person texted you or agreed to texts)**

Hi **[First name]**, this is **[Your name]** at **[Practice name]**. Thanks for reaching out. I have openings **[day/time]** or **[day/time]** for a free **[15]**-min call, or you can book here: **[booking link]**. Please don't send health details by text. Reply STOP to opt out.

Keep texts short and logistical. Do not move a clinical conversation onto text.

COPY **Template 2.4: “Not a fit, here are other options” reply with referral-out wording**

Subject: Your inquiry with **[Practice name]**

Hi **[First name]**,

Thank you for reaching out, and for trusting me with a little of what you are looking for.

Based on what you have shared, I do not think I am the best fit to help with this right now. **[Pick one: This falls outside my areas of training. / You would be better served by someone who specializes in (area). / I am not able to offer the (session times / in-person sessions / level of support) you need.]** I would rather say that clearly than have you wait for support that is not quite right.

Here are some options that may help:
- **[Colleague or practice name]**, who focuses on **[area]**: **[phone or website]**
- **[Colleague or practice name]**, who **[offers evening sessions / sees clients in (area)]**: **[phone or website]**
- **[Directory or service: e.g. your professional association's find-a-therapist directory, or your local community mental health service]**

If you have insurance, your plan's member services line can also give you a list of in-network providers.

If things feel urgent or unsafe at any point, please call **[emergency number]** or **[crisis line]**.

I wish you all the best in finding the right person.

Warmly,
[Your name], **[credentials]**
[Practice name]

Only recommend colleagues you know and trust, and who have agreed to receive referrals. You do not need to explain clinical reasons in detail.

COPY **Template 2.5: Waitlist reply**

Subject: Your inquiry with **[Practice name]**

Hi **[First name]**,

Thank you for getting in touch. My caseload is full at the moment, and I expect to have an opening around **[month or "in the next (number) weeks"]**. I know waiting is hard, so I want to be upfront about the timing.

You are welcome to join my waitlist. If you would like to, just reply "Yes, waitlist" and let me know which days and times generally work for you. I will contact you as soon as a spot opens, and you are free to come off the list at any time.

If you would prefer to start sooner, these colleagues may have availability:
- **[Colleague or practice name]**: **[phone or website]**
- **[Colleague or practice name]**: **[phone or website]**

If things feel urgent or unsafe, please call **[emergency number]** or **[crisis line]**.

Warmly,
[Your name], **[credentials]**
[Practice name]

Review your waitlist every two weeks. If a person has been waiting longer than the time you quoted, send a short update. Remove people who ask to come off, and do not keep anyone on the list longer than **[90]** days without checking in.

3 Booking confirmation and first-session message

Send this as soon as the first session is booked. It answers the practical questions people are often too nervous to ask. Use your secure client portal or email (see Section 7 for the privacy rules on email). Choose the in-person or telehealth block and delete the other.

COPY **Template 3.1: Booking confirmation and what to expect at your first session**

Subject: Your first appointment with **[Practice name]** on **[day, date]**

Hi **[First name]**,

You are booked in. Your first appointment is on **[day, date]** at **[time, time zone]**, and runs for about **[50/60]** minutes.

WHERE

[In person] **[Practice name]**, **[street address, suite or level]**. **[Parking or transit notes.]** **[Entry notes: e.g. ring buzzer 4, take a seat in the waiting area and I will come and get you.]**

[Telehealth] We will meet by secure video. Here is your link: **[link]**. A few minutes before the session, find a private, quiet spot, open the link on **[phone/computer]**, and allow access to your camera and microphone. If the video drops, I will call you on **[the number you gave us]**. Telehealth sessions are available to people physically located in **[state/province/country]** at the time of the session.

BEFORE YOUR SESSION

Please complete your intake forms through **[secure portal link]** by **[date or "24 hours before"]**. It takes about **[15]** minutes. If anything in the forms is unclear, leave it and we will go through it together.

FEES AND PAYMENT

Your session fee is **[amount]**. **[Payment is taken (at the session / by card on file) through (secure method).]** **[Insurance: please bring your insurance card / we will check your benefits before the session / we can provide a receipt for out-of-network reimbursement.]** **[Australia: if you have a Mental Health Treatment Plan and referral, please send it through the portal before the session so we can process your Medicare rebate.]**

CANCELLATIONS

[Your cancellation policy: e.g. Please give at least (24/48) hours' notice if you need to cancel or reschedule. Late cancellations and missed sessions are charged at (amount or percentage), except in an emergency.]

WHAT THE FIRST SESSION IS LIKE

The first session is mostly about getting to know each other. I will ask about what brings you in and what you would like to be different, and you are welcome to ask me anything about how I work. You do not need to prepare, and you only share what you are comfortable sharing.

If you need to reach me before then, call or text **[phone]** or reply to this message. Please keep health details out of email and text, and we can talk about anything in person.

I look forward to meeting you.

Warmly,
[Your name], [credentials]
[Practice name] | [Phone] | [Website]

If you are in crisis before your appointment, please call [emergency number] or [crisis line].

4 Reminder sequence

Reminders are one of the simplest ways to cut no-shows. Keep each one to the minimum a person needs to turn up: day, time, place or link, and how to reschedule. Leave out the type of service, the clinician's specialty and anything clinical.

Ask each new client how they would like to receive reminders (email, text, or none) and whether the practice name can appear. Some people share phones or inboxes with family. Record the preference and follow it.

When	Channel	Purpose
72 hours before	Email or portal	Confirm, link to forms, link to reschedule
24 hours before	Text or email (client's choice)	Short reminder, reschedule option
2 hours before	Text (optional, telehealth especially)	Link or arrival note

COPY **Template 4.1: 72-hour reminder (email or portal)**

Subject: Appointment reminder for **[day, date]**

Hi **[First name]**,

A reminder that your appointment with **[Your name / Practice name]** is on **[day, date]** at **[time, time zone]** **[at (address) / by video]**.

If you have not finished your forms yet, you can do so here: **[portal link]**.

Need to change the time? Reply to this message or call **[phone]**. **[Our cancellation policy asks for (24/48) hours' notice.]**

See you soon,
[Your name]

COPY **Template 4.2: 24-hour reminder (text)**

Hi **[First name]**, reminder of your appt with **[Your name or Practice name, per client preference]** tomorrow **[day]** at **[time]**. To reschedule call/text **[phone]**. Reply STOP to opt out of reminder texts.

COPY **Template 4.3: 2-hour reminder (text, optional)**

Hi **[First name]**, see you at **[time]** today. **[Video link: (link) / Address: (short address)]**. Running late or can't make it? Call/text **[phone]**.

Never include a diagnosis, the reason for the visit, or phrases such as “your therapy session” unless the client has said that is fine.

5 No-show, late-cancel and “didn’t book” follow-ups

These messages are about care and an easy way back, not about policy enforcement. Send the no-show message the same day. Apply any fee according to the policy the client agreed to, and say so plainly and kindly.

COPY **Template 5.1: Missed first appointment (same day)**

Subject: Sorry we missed you today

Hi **[First name]**,

I had you booked for **[time]** today and I am sorry we did not get to connect. I hope everything is OK.

If you would still like to meet, I have these times available:
- **[Day, date, time]**
- **[Day, date, time]**

Or reply with a time that suits you, or book here: **[booking link]**.

[If your policy applies: As mentioned in your booking confirmation, missed appointments are charged at (amount). If something unexpected came up, let me know.]

If now is not the right time, that is completely fine. You are welcome to reach out whenever you are ready.

Warmly,
[Your name]

COPY **Template 5.2: Late cancellation**

Subject: Rescheduling your appointment

Hi **[First name]**,

Thanks for letting me know you cannot make **[day, time]**. Let's find another time. I have:
- **[Day, date, time]**
- **[Day, date, time]**

[If your policy applies: Because this was within (24/48) hours of the appointment, a late cancellation fee of (amount) applies, as outlined in our policy.] **[Or: I have waived the late cancellation fee this time.]**

Just reply with the time that works, or book here: **[booking link]**.

Warmly,
[Your name]

Send this once, about **[5 to 7]** days after your last message if the person has not replied. If they do not respond, stop. Do not add them to a newsletter or marketing list.

COPY **Template 5.3: "You inquired but didn't book" (one touch only)**

Subject: Checking in from **[Practice name]**

Hi **[First name]**,

I wanted to follow up on your message from **[day or date]**. I know life gets busy, and reaching out for support is not always a straight line.

If you would still like to talk, I am happy to set up a free **[15]**-minute call. You can book here: **[booking link]**, or reply with a couple of times that suit you.

If you have found support elsewhere, or now is not the right time, no need to reply. I will not follow up again unless I hear from you.

Warmly,
[Your name], **[credentials]**
[Practice name]

6 Your inquiry log

A simple log shows you where new inquiries come from and where they drop off. Copy the layout below into a spreadsheet or table inside your practice's own systems, and add one row per person on the day they reach out. Fill in the rest as things move.

> **Keep it minimal, and nothing clinical.** Use a first name or initials only. Never put contact details, dates of birth, diagnoses, presenting concerns, session notes or insurance details in the log. Keep it inside your own systems, under your own privacy obligations. If the tool you use is not covered by a business associate agreement (US) or equivalent safeguards, use initials or a client ID only. Never email the log. Full client records belong in your EHR or practice-management system.

Inquiry log layout

Date	First name or initials	How they found you	Contacted back (time)	First appointment booked (y/n)	Attended (y/n)

- **Date:** the day the person first reached out, not the day of the consult.
- **How they found you:** for example Google search, AI search, a directory, a professional referral, word of mouth or social media.
- **Contacted back (time):** how long it took to reply, so you can check it against your response-time standard in Section 1.
- **First appointment booked** and **Attended:** y or n. Update these as things move.

What to look at each month

Measure	How to calculate	What it tells you
Response time	Your typical "contacted back" time	Whether your workflow is holding

Measure	How to calculate	What it tells you
Booking rate	First appointments booked ÷ Inquiries	Whether your first reply and fit check are working
Show rate	Attended ÷ Booked	Whether reminders and confirmations are working
Top sources	Count of inquiries by “How they found you”	Where your new inquiries are coming from

If a rate drops, look at the step just before it. A low show rate usually points to reminders or the confirmation message. A low booking rate usually points to slow or unclear first replies.

7 Privacy guardrails by country

These are the main rules to keep in mind for inquiry handling, reminders and follow-ups. They are a starting point, not a complete list. Your state, province or territory and your profession may add more.

General rules for every practice

- **Minimum necessary.** Only collect and send what you need for the next step. Scheduling messages never need clinical content.
- **Ask, record, follow.** Ask each person how they want to be contacted (email, text, phone, voicemail) and whether messages can name the practice. Record it and stick to it.
- **No clinical details in unencrypted email or text.** Move anything clinical to a session, a phone call or your secure portal.
- **Use practice systems only.** No personal email accounts, personal phones or consumer messaging apps for client contact.
- **Check your vendors.** Any service that stores or handles client information (forms, scheduling, reminders, telehealth, email, phone systems) needs to meet the rules for your country, including a signed agreement where required.
- **Keep the inquiry log minimal.** First names or initials only, and nothing clinical. See Section 6.

United States

- **HIPAA Privacy Rule: minimum necessary.** Share only the minimum information needed for the purpose. Appointment reminders should be limited to logistics.
- **Client communication preferences.** Clients have the right to request confidential communications, such as reminders only by email, or calls only to a specific number. Accommodate reasonable requests.
- **Email and text.** Unencrypted email or text is allowed for some communication if the client has been told of the risks and still prefers it. Document that conversation. Even with consent, keep clinical details out.
- **HIPAA Security Rule.** Use systems with appropriate safeguards (access controls, encryption, audit logs) for anything that stores client information.
- **Business Associate Agreements (BAAs).** Any vendor that creates, receives, stores or transmits protected health information for you needs a signed BAA before you use it for client data. This includes form tools, scheduling, reminder, telehealth, email and phone services. If a vendor will not sign one, do not use it for client information.
- **Texting and the TCPA.** Get the person's consent before texting them, and honor STOP or opt-out replies right away. Marketing texts carry stricter consent rules than appointment reminders. Some states have their own texting laws that are stricter than federal rules.

- **CAN-SPAM for marketing email.** Any commercial or promotional email (a newsletter, an offer) needs an accurate sender and subject line, your physical mailing address, and a working unsubscribe link honored within 10 business days. Do not add inquirers to a marketing list without their agreement.
- **State law.** Several states have health privacy or consumer health data laws that go further than HIPAA. Programs that provide substance use disorder treatment may also fall under the stricter federal rules at 42 CFR Part 2. Check what applies to you.

Canada

- **Which privacy law applies.** This depends on your province and how you practice:
  - **PIPEDA** covers private-sector organizations collecting personal information in the course of commercial activity, in provinces without their own substantially similar private-sector law.
  - **Ontario PHIPA** applies to health information custodians in Ontario, which includes regulated health professionals such as registered psychotherapists, psychologists and social workers providing health care.
  - **Alberta HIA** applies to custodians as defined in that Act. Many private-practice counsellors and therapists in Alberta fall under **Alberta PIPA** instead. Check which one covers you.
  - **BC PIPA** covers private-sector organizations in British Columbia, including most private practices.
  - **Quebec** has its own private-sector privacy law, substantially updated by Law 25.
- **Consent and purpose.** Tell people why you are collecting their information, use it only for that purpose, and get consent that fits the sensitivity of the information. Health information is highly sensitive.
- **Safeguards.** Protect information with security that matches its sensitivity. Know where your vendors store data. If it is stored or accessed outside Canada, tell clients, and check whether your province or college has rules about this.
- **CASL for electronic messages.** Commercial electronic messages (promotional emails or texts) need express or implied consent, clear identification of who is sending, and a working unsubscribe mechanism, honored within 10 business days. A reply to someone's own inquiry is generally treated differently from a marketing message, but adding an inquirer to a newsletter needs proper consent. Implied consent from an inquiry is time-limited, so do not rely on it for ongoing marketing.
- **Your regulatory college or association.** Colleges and associations set their own standards for records, electronic communication and privacy. Follow those as well.

Australia

- **Privacy Act 1988 and the Australian Privacy Principles (APPs).** All private-sector health service providers are covered, whatever their size or turnover, because health information is sensitive information. The Act is administered by the Office of the Australian Information Commissioner (OAIC).
  - Collect only what you need (APP 3), and tell people what you collect and why (APP 5).
  - Use and disclose information only for the purpose it was collected, or a directly related purpose the person would reasonably expect (APP 6).

    - Keep it secure (APP 11).
    - If information is stored or accessed overseas, including through cloud software, you remain responsible for it (APP 8). Know where your vendors hold data.

- **Notifiable Data Breaches scheme.** If a data breach is likely to cause serious harm, you must notify the people affected and the OAIC.
- **State and territory health records laws.** Victoria, New South Wales and the ACT also have their own health records legislation that applies to private practices. Check your state or territory.
- **Spam Act 2003.** Commercial electronic messages (promotional email or SMS) need consent, accurate sender identification and a working unsubscribe option, honored within five business days. Purely factual messages such as appointment reminders are treated differently, but do not add inquirers to marketing lists without consent.
- **AHPRA advertising rules for regulated health services.** Psychologists are registered with AHPRA through the Psychology Board of Australia. AHPRA's advertising guidelines apply to any advertising of a regulated health service, including your website, emails and social media. Key points:
    - Testimonials about clinical aspects of care are prohibited in advertising for regulated health services. Do not use or ask for client testimonials in any marketing.
    - Advertising must not be false, misleading or deceptive, must not create unreasonable expectations of benefit, and must not offer gifts or discounts without clearly stating the terms.
- **Counsellors, psychotherapists and social workers.** These professions are not registered with AHPRA. Counsellors and psychotherapists are generally self-regulated through bodies such as the Australian Counselling Association (ACA) or PACFA, and social workers through the Australian Association of Social Workers (AASW). Follow your body's code of ethics on advertising and testimonials. Australian Consumer Law still applies to all advertising, and if you advertise a service that is a regulated health service, AHPRA's guidelines can apply to you too.

8 Disclaimer

This kit is practical guidance to help your practice respond to inquiries consistently and protect client privacy. It is not legal advice, and it does not cover every law, regulation or professional rule that may apply to you.

Your practice is responsible for its own compliance, including privacy, consent, record-keeping, telehealth, billing and advertising rules in every jurisdiction where you practice and where your clients are located. Laws and professional standards change, and they vary by state, province, territory and profession.

Before adopting these templates, review them against the requirements of your licensing board, regulatory college or professional body, and your professional liability insurer. Where you are unsure, get advice from a lawyer who works with health practices in your jurisdiction.

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Questions about this kit?

This kit is a free bonus for people on the Moonraker Academy email list. Adapt anything here so it fits how your practice works. If you have a question about it, write to me.



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