

$\Psi$  Wisconsin School of Professional Psychology, Inc.

WSPP Psychology Center  
Training Institute

**Appointment Confirmation Calls**

The WSPP Psychology Center would like your permission to call you in advance and confirm your next scheduled appointment date and time. Please fill out the information below to let us know the best way to reach you.

Patient Name: \_\_\_\_\_

Therapist Name: \_\_\_\_\_

Telephone # we have permission to call: \_\_\_\_\_

Call: Yes or No

Leave voicemail: Yes or No

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_