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**INITIAL PSYCHIATRIC HISTORY AND
EXAMINATION**

Patient Background:

Name: _____

Address: Street: _____ City: _____

State: _____ Zip: _____

Phone _____ Alternative Phone _____

Email address: _____

Age: _____ Date of birth: _____

Marital status: _____

Educational background: _____

Occupation: _____

Race: _____ Religion: _____

Gender: _____

Referral Source and Reason for Consultation:

Chief Complaint:

