

Christopher L. Barley, M.D.



**110 East 55th Street, 9th Floor
New York, New York 10022
(212) 758-3590**

Patient Intake Form

Personal Information: Referred by: _____

Name: _____ Date of Birth _____

SS# _____

Address: _____ Home Phone #: _____

Work Phone #: _____

Email: (confidential test results and reminders)

Person to contact in case of emergency:

Name: _____ R relationship: _____

Home Phone: _____ Work Phone: _____

Insurance Information:

Insurance Company: _____

ID#: _____ Group #: _____

I authorize any holder of medical or other information about me to release to my insurance carrier any information needed for this or a related medical claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to be paid to myself or to the party who accepts assignment. I understand that I must notify the health care provider of any changes in my insurance coverage.

I understand that 24 hours notice is required prior to canceling an appointment. **Same day cancellations may result in a partial visit charge.**

Signature: _____ Date: _____