

Body in Harmony, PC  
11840 Nicholas St. Suite 102  
Omaha, NE 68154  
Dr. Marcella Ziska  
Dr. Danielle Clear

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ Nickname: \_\_\_\_\_

Suffix \_\_\_\_\_ Sex: M or F (circle one) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Salutation: Mr., Mrs., Miss., Ms., (circle one)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

**If a Minor: Person responsible:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M or F

Relationship to patient \_\_\_\_\_

Address if different from above: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID# \_\_\_\_\_ Group # \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Spouse \_\_\_\_\_

How did you hear about us: \_\_\_\_\_ Family Doctor \_\_\_\_\_

**Nearest relative or friend (not living with you)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Previous Chiropractic: Yes \_\_\_\_\_ or No \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

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What do you expect from receiving your spinal correction at Body in Harmony Chiropractic Center, PC?

Short term goals: \_\_\_\_\_

Long Term goals: \_\_\_\_\_

I Authorize Body in Harmony Chiropractic Center, PC to release my client information for insurance purposes.

\_\_\_\_\_  
(Signature)

Case # \_\_\_\_\_