



Flow Chiropractic

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WELCOME TO FLOW CHIROPRACTIC

Chiropractic is not a treatment for anything, it is a tool for a more consciously connected life. Its goal is not to treat sickness but to increase health.

Health Care

In its most basic form, Health Care is about creating and empowering a vibrant and healthy community full of vibrant and healthy individuals. Sickness and Injury are a part of our life experience, how we respond to and recover from these challenges and the perspectives gained, describe our individual and global quality of health.

Sick Care

Much of the current 'health care and insurance' model in the West is focused not on health but rather on sickness, and it seeks for its quick and least impactful resolution. It views injury and disease as something that is outside of, or opposite to, health. Pain and symptoms then become something that is numbed or covered up, often with medication.

Chiropractic

The major premise of Chiropractic is that necessary to life is an orchestrating force which exists within each person. This *Innate Intelligence*, which houses itself in the nervous system, allows the bodymind to encounter and adapt to more things and to learn, and it does so relative to the clarity of its expression. In Chiropractic, quality of health is equivalent to the quality of the expression of this life force.

Subluxation is an interference with this expression. When we encounter a movement, an idea, or a chemical or microorganism that our bodymind cannot overcome, it finds other ways to adapt, storing the information of this insult in a certain interference pattern until we can overcome it and learn from it. If these patterns are not dealt with, one continues to build on top of, and deepen their dependency on these patterns. This continues until that pattern can no longer support the demands placed on it and it breaks, this breakdown is when injury and sickness occur.

The adjustment creates movement between different patterns and strategies, allowing us the most chance of encountering situations which we can integrate and learn from. This expansion of possibilities allows the Innate Intelligence to express through more avenues, meaning when seen from the outside you see more and more LIFE.

With specific impulses into the central nervous system of individuals, Chiropractic is a powerful tool for creating an adaptable and healthy community.

PRICING AT FLOW CHIROPRACTIC

I believe Chiropractic is a way of life and should be accessible to everyone regardless of socioeconomic standing. Relatively low overhead allows me to maintain my prices at a level that I believe can support my growth in the Santa Barbara community, while being within reach to all of this community's members. Value is something we dispense all day in many different ways. When you pay for services at Flow Chiropractic, you are investing some of that value back into yourself and into your health. I want your payment to contain this intention.

Initial Consult + Adjustment -----	\$85
One-Time Adjustment -----	\$50
Four Adjustment Package (to be used within 8 weeks unless otherwise noted) -----	\$160
2-Weeks Unlimited Care -----	\$200

Once you are ready to make a longer term commitment to receiving Chiropractic care, monthly subscriptions are available for you and your family. Payments will be made automatically on the day of each month in which you initiated care.

3 month commitment (1 Adjustment per week for 13 weeks) -----	\$160/month
+1 Family member or partner -----	\$290/month
Each additional Family member -----	+\$120/month
6 month commitment (1 Adjustment per week for 26 weeks) -----	\$140/month
+1 Family member or partner -----	\$250/month
Each additional Family member -----	+\$110/month

CANCELLATION POLICY

Life isn't always as organized and simple as we'd like, and we understand that sometimes you'll need to modify the time or day of your appointment. We also need to build a trust and consistency with care and be respectful of the time set aside for your adjustment. You will receive a reminder 2 days before your scheduled adjustment. If Flow Chiropractic is not notified of a modification or cancellation before 24 hours before the scheduled appointment, you will be charged at the time of the appointment. You will then have 1 week to reschedule and receive the adjustment for which you have been charged.

I have reviewed and agree to the pricing structure laid out on this page. These policies shall be assumed unless written agreement is noted. I agree to have a phone number or email for reminders, as well as a card number on file in congruence with these policies.

Signature: _____ Date: _____

CHIROPRACTIC CASE HISTORY

Name _____ Sex M F Date _____

Address _____ State _____ Zip _____

Phone (_____) _____ Date of Birth _____ Age _____

Referred by _____

Have you ever received Chiropractic Care? ☐ Yes ☐ No If yes, when? _____

1. Primary reasons for seeking chiropractic care:

Primary reason: _____

Secondary reason: _____

2. Current Condition: ☐ I am asymptomatic (*skip to 3.*) ☐ I am experiencing symptoms

Chief Complaint: _____

Location of Complaint: _____

Complaint Began when and how? _____

Please circle the Quality of the complaint/pain: dull aching sharp shooting burning throbbing deep other _____

Does this complaint/pain radiate or travel (shoot) to any areas of your body? Where? _____

Do you have any numbness or tingling in your body? Where? _____

Grade Intensity/Severity (No complaint/pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst possible)

How frequent is complaint present, how long does it last? _____

Does anything aggravate the complaint? _____

Does anything make the complaint better? _____

Previous interventions, treatments, medications, surgery, or care you've sought for your complaint: _____

3. Past Health History:

A. Previous Serious illnesses: _____

B. Previous injury or trauma: _____

Have you ever broken any bones? Which? _____

C. Allergies _____

D. Medications:

Medication	Reason for taking
_____	_____
_____	_____
_____	_____

E. Surgeries:

Date	Type of Surgery
_____	_____
_____	_____
_____	_____

F. Females/ Pregnancies and outcomes:

Pregnancies/Date of Delivery	Outcome
_____	_____
_____	_____
_____	_____

4. Family Health History:

Associated health problems of relatives: _____

Deaths in immediate family:

Cause of parents or siblings death	Age at death
_____	_____
_____	_____
_____	_____

5. Social and Occupational History:

A. Job description:

B. Work schedule:

C. Recreational activities:

I have read the above information and certify it to be true and correct to the best of my knowledge, and hereby authorize this office of Chiropractic to provide me with chiropractic care, in accordance with this state's statutes.

Patient Signature _____ Date _____

(Or Parent/Guardian if under the age of 18)

Doctors Signature _____ Date _____

HIPAA COMPLIANCE

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information.

The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations. Flow Chiropractic will only use your information internally unless notified and consented to by you, the patient. If you would like to make any changes to your protections guaranteed by HIPAA, please submit requests in writing.

By signing below you acknowledge your rights to protected health information and agree to disclose such information with Flow Chiropractic.

Name (Please Print): _____

Signature: _____ Date: _____

INFORMED CONSENT

Chiropractic is one of the safest and most complete forms of health care. It is one that relies on a constant communication with the body and the intelligence guiding the body. With any activity involving the physical structure and the growth and change which is expected here, however, there are some inherent risks. This is almost always limited to muscle soreness one or two days after the adjustment, but possibilities also include strain of the muscles and sprain of the ligaments and to a much lesser extent, unwanted neurological, lymphatic, or vascular symptoms. By signing below, you acknowledge the risks inherent in this physical activity, and consent to allowing Dr. Ricky Polizo, D.C. to use his professional discretion while adjusting.

Only sign if you have had all your questions answered and feel sufficiently informed about these risks.

Signature: _____ Date: _____

“Your body is the harp of your soul,
And it is yours to bring forth sweet music from it
or confused sounds.”
-Khalil Gibran