

**BODY OF LIGHT FAMILY CHIROPRACTIC**  
**Melody J. Spear, D.C.**  
**David H. Spear, Ph.D., D.C.**

**Children's Case History Ages 6+**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M F

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Names \_\_\_\_\_

Parent's Phone \_\_\_\_\_ Work# \_\_\_\_\_

Parent's Employer \_\_\_\_\_ Position/Duties \_\_\_\_\_

Siblings and ages \_\_\_\_\_  
\_\_\_\_\_

Whom may we thank for referring you to our office? \_\_\_\_\_

**CAUSE**

The human body is designed to be healthy. The primary system in the body that coordinates health is the nervous system. The healthy function of every cell, every system and every organ is dependent upon the integrity of the nervous system. The bones of the skull and vertebrae of the spine house and protect the central nervous system.

From the birth process until the present, events have occurred in your child's life that may have caused interference and damage to this delicate system. Physical, emotional and chemical stresses common to our contemporary lifestyles can result in misalignment and damage to the spinal column. This interference is called the Vertebral Subluxation Complex (VSC).

This form will help reveal the causes of Vertebral Subluxation that interfere with the optimal function of your child's nervous system and therefore impair your child's inborn health and well-being.

**REASON FOR TODAY'S VISIT** \_\_\_\_\_

Does your child complain of pain or discomfort? Yes No If yes, when did this occur? \_\_\_\_\_

Was the onset: \_\_\_ Sudden \_\_\_ Gradual Is the problem: \_\_\_ Constant \_\_\_ Intermittent

Has your child ever had this problem before? Yes No \_\_\_\_\_

Has your child previously been treated for this problem? Yes No By whom? \_\_\_\_\_

**CHIROPRACTIC**

Has your child had their vision checked by an optometrist? Yes No

Has your child had their teeth checked by a dentist? Yes No

Has your child had their spine and nervous system checked by a chiropractor? Yes No

If yes, who was the chiropractor, when were they last seen, and what was the original reason for being checked?  
\_\_\_\_\_

Were x-rays taken? Yes No If yes, when were they taken: \_\_\_\_\_

**NUTRITION**

Did you breast-feed your child? Yes No If yes, for how long? \_\_\_\_\_

How would you rate your child's diet? Excellent Good Fair Poor

How many servings of fruits and vegetables per day? \_\_\_\_\_

Does your child consume: \_\_\_ Sodas \_\_\_ Processed foods \_\_\_ High sugar foods (cereal/donuts)  
\_\_\_ Sweeteners \_\_\_ Fast food \_\_\_ Simple Carbs (bagels, white bread)

Other/explain: \_\_\_\_\_

**TRAUMA**

Place of birth: \_\_\_ Home \_\_\_ Birthing Center \_\_\_ Hospital.  
Provider: \_\_\_ Midwife \_\_\_ OB-Gyn. Other \_\_\_\_\_  
Type of Birth: \_\_\_ Vaginal \_\_\_ C-section \_\_\_ emergency \_\_\_ scheduled

Was the birth: \_\_\_ Doctor assisted \_\_\_ Forceps  
\_\_\_ Vacuum Extraction \_\_\_ Twisting/Pulling Other \_\_\_\_\_

Newborn trauma (medical procedures and tests) \_\_\_\_\_

Did you vaccinate your child? Yes No  
If yes, were there any adverse reactions? \_\_\_\_\_

Has your child had any recent falls or trauma? Yes No \_\_\_\_\_

Describe the trauma and the date it occurred: \_\_\_\_\_

Has your child ever fallen from a bicycle, skateboard, scooter, rollerblades or similar? Yes No \_\_\_\_\_

Has your child ever fallen down stairs or fallen from any height? Yes No \_\_\_\_\_

Has your child ever been in a motor vehicle collision or near miss? Yes No \_\_\_\_\_

Has your child had any other trauma or injuries? Yes No \_\_\_\_\_

Has your child ever had a bone fracture/dislocation Yes No \_\_\_\_\_

Has your child had any surgeries? Yes No \_\_\_\_\_

Which sports does your child play?

\_\_\_ Soccer \_\_\_ Football \_\_\_ Gymnastics \_\_\_ Hockey \_\_\_ Lacrosse  
\_\_\_ Dance \_\_\_ Wrestling \_\_\_ Baseball \_\_\_ Karate \_\_\_ Basketball

Other \_\_\_\_\_

Other than sitting in the classroom, does your child spend additional prolonged time sitting? Yes No Is it in front of a computer or TV? \_\_\_\_\_

How would you rate your child's posture? Excellent Good Fair Poor

Please explain what you observe about their posture (slouch, forward head etc.): \_\_\_\_\_

**Health History:**

Has your child suffered from any of the following?

- Colic                                       Headaches                                       Digestive problems                                       Irregular Sleeping Patterns
- Ear Infections                                       Seizures                                       Bed Wetting                                       Learning Disorders
- Allergies                                       Tantrums                                       Chronic colds                                       Emotional Disorders
- Asthma                                       Night Terrors                                       Chronic Infections                                       ADD or ADHD

Other: \_\_\_\_\_

Does your child ever complain of back or neck pain?    Yes    No \_\_\_\_\_

Does your child ever complain arm/leg pain?            Yes    No \_\_\_\_\_

Are there any smokers in the child's home?            Yes    No \_\_\_\_\_

Has your child had any earaches?                            Yes    No    At what age did the first earache occur? \_\_\_\_

How frequently does your child have earaches? \_\_\_\_\_

How many courses of antibiotics has your child been exposed to? \_\_\_\_\_

Is your child presently receiving any medications?    Yes    No \_\_\_\_\_

Has your child ever been to a hospital or ER?            Yes    No \_\_\_\_\_

Do you have any other concerns about your child's health?            Yes    No \_\_\_\_\_

**Quality of life and current health status:**

How do you grade your child's physical health?	Excellent	Good	Fair	Poor
How do you grade your child's emotional/mental health?	Excellent	Good	Fair	Poor
How do you grade your child's overall "quality of life"?	Excellent	Good	Fair	Poor

Do you believe your child is expressing their full health potential?    Yes    No    If no, why? \_\_\_\_\_

How can we/chiropractic help your child achieve their optimum health? \_\_\_\_\_

**CORRECTION**

Today, we are becoming more aware how current technological lifestyles and practices expose our children's nervous systems to continuous stresses. These result in Vertebral Subluxations.

Current scientific research is showing the direct relationship between the function of the nervous system and the immune system. The integrity of the nerve system is therefore imperative to a healthy immune system in your growing child.

Today, your child has the opportunity to have a spinal analysis by a Doctor of Chiropractic, the only health care provider qualified to locate, analyze and correct the Vertebral Subluxation Complex. Correction of the Subluxation with the Chiropractic Adjustment is the beginning of greater health and well-being for your child.

**The power that made the body heals the body**

