

# NeuroFit Adult Intake Form — Submission Report

**User:** Farhan  
**Email:** farhanalisamo1234@gmail.com  
**Date:** 2025-11-20 19:05:33

## Form Data

### Page1

Is child	yes
Full name	Farhan
Email	Farhanalisamo417@gmail.com
Address	Khayab Shams Khayabne Baadar
Dob	2025-11-21
Phone	03111111111111

### Page2

Primary diagnosis	yes
Other diagnoses	no
Medications	yes
Allergies	yes
Surgeries	yes

### Page3

Primary diagnosis	no
Pregnancy notes	no
Other diagnoses	yes
School work	yes
Exercise	yes

<b>Sleep hours</b>	6
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#### Page4

<b>Vestibular balance</b>	0
<b>Vestibular motion</b>	2
<b>Exercise</b>	0
<b>Vestibular vertigo</b>	0

#### Page5

<b>Vestibular balance</b>	0
<b>Sound sensitivity</b>	0
<b>Vestibular motion</b>	5
<b>Visual sensitivity</b>	5
<b>Vestibular vertigo</b>	2
<b>Auditory processing</b>	2

#### Page6

<b>Vestibular balance</b>	1
<b>Sound sensitivity</b>	1
<b>Symptoms</b>	headaches, sleep_issues
<b>Symptom duration</b>	1 year

#### Page7

<b>Comments</b>	test
<b>Consent</b>	0

#### Section Scores

Section	Score
Page1	0
Page2	0

Page3	0
Page4	0
Page5	0
Page6	2
Page7	1

**Total Score**

**3**