

# Adult Intake Form — Submission Report

**User:** Farhan

**Email:** farhanalisamo1234@gmail.com

**Date:** 2025-11-20 16:23:27

## Form Data

### Page1

<b>Full name</b>	Farhan
<b>Dob</b>	2025-11-20
<b>Email</b>	farhanalisamo1234@gmail.com

### Page2

<b>Diagnosis</b>	farhan
<b>Medications</b>	teting

### Page3

<b>Exercise</b>	yes
<b>Sleep hours</b>	8

### Page4

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

### Page5

<b>Exercise</b>	0
<b>Vestibular balance</b>	0
<b>Sound sensitivity</b>	0

**Page6**

<b>Vestibular balance</b>	1
<b>Sound sensitivity</b>	1
<b>Symptoms</b>	fatigue

**Page7**

<b>Comments</b>	test
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**Section Scores**

<b>Section</b>	<b>Score</b>
Page1	0
Page2	0
Page3	0
Page4	0
Page5	0
Page6	1
Page7	0

**Total Score****1**