

# Adult Intake Form - Submission

**User:** Farhan Ali

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**Date:** 2025-11-20 10:38:09

## Form Data:

### Page1

<b>Dob</b>	2002-02-02
<b>Email</b>	Farhanalisamo417@gmail.com
<b>Full name</b>	Farhan Ali

### Page2

<b>Diagnosis</b>	testing
<b>Medications</b>	fm,nm

### Page3

<b>Exercise</b>	yes
<b>Sleep hours</b>	800

### Page4

<b>Exercise</b>	0
<b>Vestibular motion</b>	1
<b>Vestibular balance</b>	0

### Page5

Exercise	0
Sound sensitivity	0
Vestibular balance	0

Page6

Symptoms	fatigue
Sound sensitivity	1
Vestibular balance	1

Page7

Comments	farhan
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Section Scores:

Section	Score
Page1	0
Page2	0
Page3	0
Page4	0
Page5	0
Page6	1
Page7	0

Total Score: 1