

NeuroFit Adult Intake Form — Submission Report

User: Farhan

Email: Farhanalisamo1234@gmail.com

Date: 2025-11-20 19:17:54

Form Data

Page1

Dob	2025-11-22
Email	Farhanalisamo1234@gmail.com
Phone	444444444
Address	Test test
Is child	no
Full name	Farhan
Preferred name	

Page2

Allergies	yes
Surgeries	yes
Medications	yes
Other diagnoses	yesy
Primary diagnosis	yes

Page3

Pregnancy notes	yes
School work	yes
Exercise	yes
Sleep hours	7

Page4

Vestibular balance	0
Vestibular motion	0
Exercise	0
Vestibular vertigo	0

Page5

Vestibular balance	0
Sound sensitivity	0
Vestibular motion	1
Visual sensitivity	1
Vestibular vertigo	3
Auditory processing	3

Page6

Vestibular balance	1
Sound sensitivity	1
Symptoms	headaches, motor_issues
Symptom duration	1 year

Page7

Comments	yes
Consent	0

Section Scores

Section	Score
Page1	0
Page2	0
Page3	0
Page4	0

Page5	0
Page6	2
Page7	1

Total Score

3