

NeuroFiT Connections

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NEUROFIT ADULT INTAKE FORM

PERSONAL INFORMATION

Full Name: Muhammad Hafeez

Date of Birth: 2025-11-21

Email: farhanalisamo888@gmail.com

Phone: N/A

Preferred Name: fara

Address: 74200 Rafique Colony Shahtown Pipri Malir Karachi

Submitted: November 21, 2025 3:57 PM

MEDICAL & DIAGNOSTIC HISTORY

Primary Diagnosis (if any)

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Other Diagnoses (list)

tes

Current Medications

tes

Allergies (if any)

tes

Past Surgeries or hospitalizations

tes

DEVELOPMENTAL & LIFESTYLE

Pregnancy / Birth history (if relevant)

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Current work / school situation

tes

Do you (or your child) exercise regularly?

Yes

Average Sleep Hours Per Night

7

SENSORY PROCESSING — VESTIBULAR & BALANCE

For each item below choose the option that best describes the severity.

Problems with balance or falling?

Option	Doesn't Apply	Mild	Mild to Moderate	Moderate	Moderate to Severe	Severe
Problems with balance or falling?		●				

Difficulty with motion (car rides, swings)?

Option	Doesn't Apply	Mild	Mild to Moderate	Moderate	Moderate to Severe	Severe
Difficulty with motion (car rides, swings)?		●				

Episodes of dizziness or vertigo?

Option	Doesn't Apply	Mild	Mild to Moderate	Moderate	Moderate to Severe	Severe
Episodes of dizziness or vertigo?		●				

SENSORY PROCESSING — AUDITORY & VISUAL

Sensitivity or distress to sounds?

Option	Doesn't Apply	Mild	Mild to Moderate	Moderate	Moderate to Severe	Severe
Sensitivity or distress to sounds?		●				

Sensitivity to bright lights or visual clutter?

Option	Doesn't Apply	Mild	Mild to Moderate	Moderate	Moderate to Severe	Severe
Sensitivity to bright lights or visual clutter?				●		

Difficulty processing speech in noisy environments?

Option	Doesn't Apply	Mild	Mild to Moderate	Moderate	Moderate to Severe	Severe
Difficulty processing speech in noisy environments?		●				

SYMPTOMS — CHECK ALL THAT APPLY

Select symptoms that apply

- ☒ Headaches
- ☒ Dizziness
- ☐ Fatigue
- ☐ Sleep issues
- ☐ Difficulty concentrating
- ☐ Sensory overload / meltdowns
- ☐ Coordination / motor planning issues

How long have these symptoms been present?

5

REVIEW & SUBMIT

Additional comments (anything else we should know?)

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I confirm the above information is correct and give permission to use it for assessment. *

☐ I agree

Assessment Scores Summary

Section	Score
Page1	0
Page2	0
Page3	0
Page4	0
Page5	0
Page6	2
Page7	1