

Adult Intake Form — Submission Report

User: Farhan

Email: farhanalisamo1234@gmail.com

Date: 2025-11-20 18:26:29

Form Data

Page1

Dob	2025-11-13
Email	farhanalisamo417@gmail.com
Full name	Farhan Ali
Is child	no
Phone	03131112456
Address	House A 907 phase 2 Gulshan Hadeed

Page2

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

Page3

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

Sleep hours	8
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Page4

Vestibular balance	0
Vestibular motion	0
Exercise	1
Vestibular vertigo	1

Page5

Vestibular balance	0
Sound sensitivity	0
Vestibular motion	2
Visual sensitivity	2
Exercise	1
Vestibular vertigo	1
Auditory processing	1

Page6

Vestibular balance	1
Sound sensitivity	1
Symptoms	headaches, concentration, sensory_overload
Symptom duration	a two year ago

Page7

Comments	no
Consent	0

Section Scores

Section	Score
Page1	0

Page2	0
Page3	0
Page4	0
Page5	0
Page6	3
Page7	1

Total Score

4