

# Adult Intake Form — Submission Report

**User:** Farhan  
**Email:** farhanalisamo1234@gmail.com  
**Date:** 2025-11-20 16:23:27

## Form Data

### Page1

Full name	Farhan
Dob	2025-11-20
Email	farhanalisamo1234@gmail.com

### Page2

Diagnosis	farhan
Medications	teting

### Page3

Exercise	yes
Sleep hours	8

### Page4

Exercise	0
Vestibular balance	0
Vestibular motion	0

### Page5

Exercise	0
Vestibular balance	0
Sound sensitivity	0

Page6

Vestibular balance	1
Sound sensitivity	1
Symptoms	fatigue

Page7

Comments	test
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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