

Adult Intake Form - Submission

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

Form Data:

Page1

Dob	2002-02-02
Email	Farhanalisamo417@gmail.com
Full name	Farhan Ali

Page2

Diagnosis	testing
Medications	fm,nm

Page3

Exercise	yes
Sleep hours	800

Page4

Exercise	0
Vestibular motion	1
Vestibular balance	0

Page5

Exercise	0
Sound sensitivity	0
Vestibular balance	0

Page6

Symptoms	fatigue
Sound sensitivity	1
Vestibular balance	1

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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