

Adult intake - Submission

User: Farhan

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Date: 2025-11-17 14:00:25

Form Data:

Page1

Full name	farhan
Dob	2025-11-17
Email	Farhanalisamo1234@gmail.com

Page2

Diagnosis	test
Medications	test

Page3

Exercise	yes
Sleep hours	8

Page4

Exercise	0
Vestibular balance	0
Vestibular motion	4

Page5

Vestibular balance	2
Sound sensitivity	2

Page6

Exercise	1
Vestibular balance	1
Sound sensitivity	1
Symptoms	headaches, fatigue, dizziness

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Comments	comple
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Section Scores:

Section	Score
Page1	0
Page2	0
Page3	0
Page4	0
Page5	0
Page6	3
Page7	0

Total Score: 3