

NeuroFit Adult Intake Form — Submission Report

User: Farhan
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Date: 2025-11-20 19:17:54

Form Data

Page1

Dob	2025-11-22
Email	Farhanalisamo1234@gmail.com
Phone	4444444444
Address	Test test
Is child	no
Full name	Farhan
Preferred name	

Page2

Allergies	yes
Surgeries	yes
Medications	yes
Other diagnoses	yesy
Primary diagnosis	yes

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Pregnancy notes	yes
School work	yes
Exercise	yes
Sleep hours	7

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Vestibular balance	0
Vestibular motion	0
Exercise	0
Vestibular vertigo	0

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Vestibular balance	0
Sound sensitivity	0
Vestibular motion	1
Visual sensitivity	1
Vestibular vertigo	3
Auditory processing	3

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Vestibular balance	1
Sound sensitivity	1
Symptoms	headaches, motor_issues
Symptom duration	1 year

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Comments	yes
Consent	0

Section Scores

Section	Score
Page1	0
Page2	0
Page3	0
Page4	0

Page5	0
Page6	2
Page7	1

Total Score

3