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Participant Information

Full Name: Farhan

Email Address: farhanalisamo1234@gmail.com

Submission Date: 2025-11-20 15:53:40

Form Type: Adult-intake

Form Responses

Page1

| Question | Response |
|-----------|-----------------------------|
| Full name | Farhan |
| Dob | 2002-02-20 |
| Email | farhanalisamo1234@gmail.com |

Page2

| Question | Response |
|-------------|----------|
| Diagnosis | farhan |
| Medications | test |

Page3

| Question | Response |
|-------------|----------|
| Exercise | no |
| Sleep hours | 4 |

Page4

| Question | Response |
|--------------------|---------------------|
| Vestibular balance | 3 |
| Vestibular motion | <i>Not provided</i> |

Page5

| Question | Response |
|--------------------|----------|
| Exercise | 1 |
| Vestibular balance | 1 |
| Sound sensitivity | 1 |

Page6

| Question | Response |
|--------------------|-------------------------------|
| Exercise | 1 |
| Vestibular balance | 1 |
| Sound sensitivity | 1 |
| Symptoms | headaches, dizziness, fatigue |

Page7

| Question | Response |
|----------|----------|
| Comments | ok |

Assessment Scores

| Section Name | Score |
|--------------|-------|
| Page1 | 0 |
| Page2 | 0 |
| Page3 | 0 |
| Page4 | 0 |
| Page5 | 0 |
| Page6 | 3 |
| Page7 | 0 |

Total Overall Score

3

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