

NeuroFit Adult Intake Form — Submission Report

User: Farhan

Email: farhanalisamo1234@gmail.com

Date: 2025-11-20 19:05:33

Form Data

Page1

Is child	yes
Full name	Farhan
Email	Farhanalisamo417@gmail.com
Address	Khayab Shams Khayabne Baadar
Dob	2025-11-21
Phone	031111111111

Page2

Primary diagnosis	yes
Other diagnoses	no
Medications	yes
Allergies	yes
Surgeries	yes

Page3

Primary diagnosis	no
Pregnancy notes	no
Other diagnoses	yes
School work	yes
Exercise	yes

Sleep hours	6
--------------------	---

Page4

Vestibular balance	0
Vestibular motion	2
Exercise	0
Vestibular vertigo	0

Page5

Vestibular balance	0
Sound sensitivity	0
Vestibular motion	5
Visual sensitivity	5
Vestibular vertigo	2
Auditory processing	2

Page6

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

Page7

Comments	test
Consent	0

Section Scores

Section	Score
Page1	0
Page2	0

Page3	0
Page4	0
Page5	0
Page6	2
Page7	1

Total Score

3