Adult intake - Submission

User: Farhan

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Date: 2025-11-17 19:20:01

Form Data:

Page1

Full name	farh
Dob	2025-11-19
Email	Farhanalisamo1234@gmail.com

Page2

Diagnosis	st
Medications	est

Page3

Exercise	no
Sleep hours	44

Page4

Exercise	0
Vestibular balance	0

Page5

Exercise	0

Vestibular balance	0
Sound sensitivity	0

Page6

Exercise	1
Vestibular balance	1
Sound sensitivity	1
Symptoms	headaches

Page7

Comments	test

Section Scores:

Section	Score
Page1	0
Page2	0
Page3	0
Page4	0
Page5	0
Page6	1
Page7	0

Total Score: 1