

# Adult Intake Form — Submission Report

**User:** Farhan  
**Email:** farhanalisamo1234@gmail.com  
**Date:** 2025-11-20 18:26:29

## Form Data

### Page1

<b>Dob</b>	2025-11-13
<b>Email</b>	farhanalisamo417@gmail.com
<b>Full name</b>	Farhan Ali
<b>Is child</b>	no
<b>Phone</b>	03131112456
<b>Address</b>	House A 907 phase 2 Gulshan Hadeed

### Page2

<b>Primary diagnosis</b>	yes
<b>Other diagnoses</b>	no
<b>Medications</b>	no
<b>Allergies</b>	yes
<b>Surgeries</b>	yes

### Page3

<b>Primary diagnosis</b>	yes
<b>Pregnancy notes</b>	yes
<b>Other diagnoses</b>	yes
<b>School work</b>	yes
<b>Exercise</b>	no

<b>Sleep hours</b>	8
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#### Page4

<b>Vestibular balance</b>	0
<b>Vestibular motion</b>	0
<b>Exercise</b>	1
<b>Vestibular vertigo</b>	1

#### Page5

<b>Vestibular balance</b>	0
<b>Sound sensitivity</b>	0
<b>Vestibular motion</b>	2
<b>Visual sensitivity</b>	2
<b>Exercise</b>	1
<b>Vestibular vertigo</b>	1
<b>Auditory processing</b>	1

#### Page6

<b>Vestibular balance</b>	1
<b>Sound sensitivity</b>	1
<b>Symptoms</b>	headaches, concentration, sensory_overload
<b>Symptom duration</b>	a two year ago

#### Page7

<b>Comments</b>	no
<b>Consent</b>	0

#### Section Scores

<b>Section</b>	<b>Score</b>
Page1	0

Page2	0
Page3	0
Page4	0
Page5	0
Page6	3
Page7	1

**Total Score**

**4**