Robin Luband, Psy.D.
56 Doyer Avenue, Apt. 1C
White Plains, NY 10605
914.502.3900
drluband@me.com

type or print your responses below

Client (child) Name: DOB: Grade:

Address: Telephone:

Mother's Name: Mother's Age:

Address: (If different from above): Occupation:

Phone (circle preferred contact):
Home: Work: Cell:

Email:

Father's Name: Father's Age:

Address: (If different from above): Occupation:

Phone (circle preferred contact):
Home: Work: Cell:

Email:

School (Name, Address, Tel):

Physican (Name, Address, Tel):

Insurance Company:

Siblings: Age: Grade:

Please list any medications:

Prior evaluations or treatment:

Person Responsible for Payment: Date: