



www.soniabellucci.net

healing@soniabellucci.net

Ph. 040611266

Name:

DOB

Gender:

Relationship status:

Address:

Occupation:

Current GP:

Psychologist details:

Psychiatric details (if applicable):

Emergency Contact:

Medication, drugs (prescribed, not prescribed, recreational): Allergies
(including anaphylactic reaction and if allergic to pets):

Existing conditions:

Referred by:

Reason of consultation:

Significant Life event:

Desired outcome from today consultation:

Important: I agree that the above information is true and correct and hereby consent to counselling & healing treatment(s). I understand that I am not being given medical advice/treatment. I agree that I take full responsibility for my health, and that I am committed to achieving my desired goal with my therapist. I acknowledge that my therapist adheres to non-discriminatory practices and guidelines.

Sonia's Fees:

1 hour consulting \$140

!5 hours consulting \$210

2 hours consulting \$280

Please be aware that 24 hours cancellation/change notice is required.