

Information for Speech-Language Pathology Second Opinion: please attach additional documentation as required

Your child's name:.....date of birth:.....age now:.....years.....months

<p><b>Caroline Bowen PhD CPSP</b>  <b>ASHA Fellow</b>  <b>Speech Pathology Practice</b>  <b>9 Hillcrest Road</b>  <b>Wentworth Falls NSW 2782</b>  <b>t: 61 2 4757 1136</b>  <b>f : 61 2 4757 1598</b>  <b>e: cbowen@ihug.com.au</b></p>	<p><b>Dr Caroline Bowen has 40 years experience as a speech pathologist and now:</b></p> <ul style="list-style-type: none"> <li>• Specialises in children's speech sound disorders</li> <li>• Performs 'second opinion' assessments and follow-up intervention guidance, support and case discussion for speech pathologist colleagues</li> <li>• Conducts assessments and provides short-term intervention advice for families for clients from Australia and throughout the Asia-Pacific region</li> <li>• Is particularly interested in late-talking toddlers, children with suspected Childhood Apraxia of Speech, children with phonological disorders, and children whose speech progress is slow.</li> </ul>
<p><b>Mother's name, age and current occupation</b></p> <p><b>Father's name, age and current occupation</b></p> <p><b>Your postal address, telephone and email</b></p> <p><b>Family</b> Please give details of siblings and close family members regularly involved with this child</p> <p><b>Referrer</b> MOTHER, FATHER, SPEECH PATHOLOGIST, MEDICAL PRACTITIONER, TEACHER, OTHER  circle ALL that apply and if 'OTHER' please specify</p>	
<p><b>Current Speech Pathologist</b></p> <p><b>Name:</b></p> <p><b>Address:</b></p> <p><b>Telephone:</b></p> <p><b>Email:</b></p> <p>Please attach a brief summary of intervention to date and copies of any reports you wish to share including data collection forms from articulation or phonology tests if possible.</p>	<p><b>Other professionals involved with this child</b>  Please list titles, names, specialties and locations  e.g., Dr Kim Lightly, Paediatrician, St Luke's Hospital</p>
<p><b>Previous Speech Pathologists</b>  List titles, names, specialties and locations e.g.,  Ms Sue Leung, Speech Pathologist, Bridgetown.</p>	<p><b>Preschool/School, Teachers and Support Personnel</b></p>
<p><b>Date, location and result of most recent audiogram (hearing test)</b>  Please attach a copy of the audiogram with the Audiologist's name printed in block letters.</p>	
<p><b>Request:</b>  What do you hope to gain from this assessment? What questions would you like answered?  Write on the other side of this page, or attach additional pages if required.</p>	

Information for Speech-Language Pathology Second Opinion: please attach additional documentation as required

Your child's name:.....date of birth:.....age now:.....years.....months

Please attach relevant reports and other information at your discretion

## About this child

**Family History: Please note any family history of speech, learning or reading problems.**

**Pregnancy and birth history**

**Early development including communication skills (crawling, walking, speech, toilet training, sleeping, etc)**

**Medical history (health, allergies, trauma, seizures, hospitalisations, medications, investigations, assessments)**

**Social development, interests, likes and dislikes**

**Personality and behaviour (e.g., quiet, disruptive, well-behaved, quick sense of humour, "busy", etc)**

**Strengths and personal qualities (e.g., shows affection readily, enthusiastic, determined, likes people, etc)**

**Presentation (please describe in detail current concerns and issues related to voice, speech, language, fluency, saliva control, swallowing, feeding, pre-literacy/literacy).**

**How old was this child when difficulties were first noted, what were the first signs and who was concerned?**

**In the last three to six months what is the area in which this child has made most progress?**

**In the last three to six months what is the area in which this child has made least progress?**

**What is the impact of this child's communication difficulties (on him or her, on you as a family, on the wider community including day care / preschool/school)?**

**Is there anything else you would like to add?**

Write on the other side of this page, or attach additional pages if required.

Please email me [cbowen@ihug.com.au](mailto:cbowen@ihug.com.au) or phone me 61 2 4757 1598 to make an assessment appointment. Complete the relevant sections of this form and send it by regular mail, with any accompanying information attached, to:

Dr Caroline Bowen, 9 Hillcrest Road, Wentworth Falls NSW 2782 Australia

This is Form SO. "Second opinions" are done in collaboration with treating /referring speech pathologists. Please use Form A pages 1 and 2 if your child is not seeing a speech pathologist at this time and you are seeking a one-off speech assessment and short-term management guidance. Use this form if you are seeking a second opinion. All reports go to parents to distribute at their discretion. There is more information here: <http://www.speech-language-therapy.com/soa.html>