



## Diagnosticians Membership List

**PLEASE NOTE:** This list is not exhaustive as some professionals elect not to be published. Please contact Autism SA for further information.

Please see below for information on:

- [Speech Pathologists](#)
- [Psychologists](#)
- [Paediatricians](#)
- [Psychiatrists](#)
- [Multi-Disciplinary Teams](#)

## Speech Pathologists:

<b>Name</b>	MEGAN HILLER				
<b>Profession</b>	Speech Pathologist				
<b>Organisation</b>	Country Health SA – Port Lincoln Health Services				
<b>Street Address</b>	Oxford Terrace, Port Lincoln SA 5606				
<b>Postal Address</b>	AS ABOVE				
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<b>Email</b>	<a href="mailto:megan.hiller@health.sa.gov.au">megan.hiller@health.sa.gov.au</a>				
<b>Metropolitan Area</b>	No				
<b>Travel to country region</b>	Yes	Please Specify Area: Port Lincoln & Eyre Peninsula			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes		
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes		

<b>Name</b>	BEC MOSSOP			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Bec Mossop Speech Pathology			
<b>Street Address</b>	26 Kurla Road, Balhannah SA 5242			
<b>Postal Address</b>	AS ABOVE			
<b>Phone 1</b>	0488 004 197	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:mossoprebecca@gmail.com">mossoprebecca@gmail.com</a>			
<b>Metropolitan Area</b>	No			
<b>Travel to country region</b>	Yes	Please Specify Area: Adelaide Hills and Murray Bridge		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	JEAN BOWKER			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Inclusive Directions			
<b>Street Address</b>	Practice 1: Flinders Therapy House, 143 Daws Road, ST MARYS SA 5042 Practice 2: 288 Commercial Road, SALISBURY SA 5108			
<b>Postal Address</b>	As above			
<b>Phone 1</b>	7325 8600	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:jean.bowker@gmail.com">jean.bowker@gmail.com</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>				
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	JULIANNE GILL			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Walk Talk Play – Speech Pathology			
	37 Barnes Road, Glynde SA 5070			
<b>Postal Address</b>	15 Ringer Drive, Burnside SA 5066			
<b>Phone 1</b>	0430 391 406	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:jgill0709@gmail.com">jgill0709@gmail.com</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	Yes	Adelaide Hills		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	No	No
<b>Kindergarten/ School visit</b>	Yes	Yes	No	
<b>Intervention / Management</b>	Yes	Yes	No	No

<b>Name</b>	BRONWYN BURGESS			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Childhood Language and Speech Pathology			
<b>Street Address</b>	Suite 2, Lower Ground Level, Commonwealth House. Colonnades Shopping Centre Noarlunga			
<b>Postal Address</b>	PO Box 755 Noarlunga Centre SA 5168			
<b>Phone 1</b>	8186 6188	<b>Phone 2</b>	0438 842 112	<b>Fax</b> 8186 6277
<b>Email</b>	<a href="mailto:bronwynburgess@bigpond.com">bronwynburgess@bigpond.com</a>			
<b>Metropolitan Area</b>			South	
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes (jnr)		
<b>Kindergarten/ School visit</b>	Yes	Yes (jnr)		
<b>Intervention / Management</b>	Yes	Yes (jnr)		

<b>Name</b>	CARLY PERRY			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Mid North Speech Pathology			
<b>Street Address</b>	113 Gertrude Street. Port Pirie SA 5540			
<b>Postal Address</b>	69 Brandis Street. Crystal Brook SA 5523			
<b>Phone 1</b>	0433 399 736	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:midnorthspeech@gmail.com">midnorthspeech@gmail.com</a>			
<b>Metropolitan Area</b>	No			
<b>Travel to country region</b>	Yes	Please Specify Area: Mid North		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	No	
<b>Kindergarten/ School visit</b>	Yes	Yes	No	
<b>Intervention / Management</b>	Yes	Yes	No	

<b>Name</b>	SALLY-ANN GORDON				
<b>Profession</b>	Speech Pathologist				
<b>Organisation</b>	Private Practice				
<b>Street Address</b>	18 Rawson Penfold Dve, ROSSLYN PARK SA 5072				
<b>Postal Address</b>	AS ABOVE				
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<b>Email</b>	<a href="mailto:sallyann.gordon@gmail.com">sallyann.gordon@gmail.com</a>				
<b>Metropolitan Area</b>	All (Eastern)				
<b>Travel to country region</b>	No	Please Specify Area:			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes				
<b>Kindergarten/ School visit</b>	Yes				
<b>Intervention / Management</b>	Yes				



<b>Name</b>	TIM KITTEL			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Headstart Intervention Services			
<b>Street Address</b>	Wayville Village, 43-51 Goodwood Road WAYVILLE SA 5034			
<b>Postal Address</b>	PO Box 58, GOODWOOD SA 5034			
<b>Phone 1</b>	8373 4531	<b>Phone 2</b>		<b>Fax</b> 8373 7618
<b>Email</b>	admin@headstartis.com.au			
<b>Metropolitan Area</b>		Central		
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	No	No	No	No

<b>Name</b>	JANICE HOOPER				
<b>Profession</b>	Speech Pathologist				
<b>Organisation</b>	Private Practice				
<b>Street Address</b>	99 Hall St, SEMAPHORE SA 5019 32 King William Road WAYVILLE SA 5034				
<b>Postal Address</b>	99 Hall St, SEMAPHORE SA 5019				
<b>Phone 1</b>	0419 660 752	<b>Phone 2</b>	8449 5434	<b>Fax</b>	8242 4825
<b>Email</b>	janice.hooper@bigpond.com				
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>		Please Specify Area:			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	Yes	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes	

<b>Name</b>	VICTORIA PANTAZIS			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Virginia Hill Speech Pathology			
<b>Street Address</b>	6/183 Tynte Street North Adelaide 5006			
<b>Postal Address</b>	AS ABOVE			
<b>Phone 1</b>	8267 3488	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:virginiahill@aapt.ney.au">virginiahill@aapt.ney.au</a>			
<b>Metropolitan Area</b>		Central		
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	

<b>Name</b>	ANDREA DAHL-JOHNSTON			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Private practice			
<b>Street Address</b>	Community Based – home, preschool and school visits			
<b>Postal Address</b>	PO Box 699, BROOKLYN PARK SA 5032			
<b>Phone 1</b>	0417 813 916	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:andrea@iprimus.com.au">andrea@iprimus.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	Yes	Please Specify Area: South East		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	No	No

<b>Name</b>	TRISH OCHSENHAM				
<b>Profession</b>	Speech Pathologist				
<b>Organisation</b>	Burnside Speech Pathology – Yabbado Therapy Options				
<b>Street Address</b>	1/535 Glynburn Rd, HAZELWOOD PARK SA 5066				
<b>Postal Address</b>	As Above				
<b>Phone 1</b>	08 8431 8989	<b>Phone 2</b>	0418 834 980	<b>Fax</b>	08 8431 8829
<b>Email</b>	<a href="mailto:burnside.speech@gmail.com">burnside.speech@gmail.com</a> yabbado@mail.com				
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>	Yes	Please Specify Area: Clare, Burra			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes			
<b>Kindergarten/ School visit</b>	Yes	Yes			
<b>Intervention / Management</b>	Yes	Yes			

<b>Name</b>	KATE KING			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Private Practice			
<b>Street Address</b>	Community based			
<b>Postal Address</b>	PO Box 166, STIRLING SA 5152			
<b>Phone 1</b>	0402 134 379	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>				
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	Yes	Please Specify Area: Any		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	No	No	No	No

<b>Name</b>	ALIYA POPKOVA				
<b>Profession</b>	Speech Pathologist				
<b>Organisation</b>	Adelaide Paediatrics				
<b>Street Address</b>	4-6 Goodwood Road. Wayville SA 5034				
<b>Postal Address</b>	4-6 Goodwood Road. Wayville SA 5034				
<b>Phone 1</b>	08 8271 1984	<b>Phone 2</b>	08 8332 5311	<b>Fax</b>	08 8271 1598
<b>Email</b>	<a href="mailto:reception@adelaidepaediatrics.com.au">reception@adelaidepaediatrics.com.au</a>				
<b>Metropolitan Area</b>		Central			
<b>Travel to country region</b>	No	Please Specify Area:			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	No	

<b>Name</b>	DR VIRGINIA HILL				
<b>Profession</b>	Speech Pathologist				
<b>Organisation</b>	Virginia Hill Speech & Language Pathology Pty Ltd				
<b>Street Address</b>	North Adelaide Medical Centre 183 Tynte St, NORTH ADELAIDE SA 5006				
<b>Postal Address</b>	AS ABOVE				
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<b>Email</b>	<a href="mailto:virginiahill@aapt.net.au">virginiahill@aapt.net.au</a>				
<b>Metropolitan Area</b>	All	Central	South	North	
<b>Travel to country region</b>	No	Please Specify Area:			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes		
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes	



<b>Name</b>	MICHELLE DE LA PERELLE				
<b>Profession</b>	Speech Pathology				
<b>Organisation</b>	Private – Mortlock Clinic				
<b>Street Address</b>	52 Mortlock Terrace PORT LINCOLN SA 5606				
<b>Postal Address</b>	PO Box 1370 Port Lincoln SA 5606				
<b>Phone 1</b>	08 86822291	<b>Phone 2</b>		<b>Fax</b>	08 86823652
<b>Email</b>	<a href="mailto:mdelap@bigpond.com">mdelap@bigpond.com</a>				
<b>Metropolitan Area</b>					
<b>Travel to country region</b>	Yes	Please Specify Area: Eyre Peninsula			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	No	No	

<b>Name</b>	JENNA WARD-HAWKES			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Headstart Intervention Services			
<b>Street Address</b>	Wayville Village, 43-51 Goodwood Road WAYVILLE SA 5034			
<b>Postal Address</b>	PO Box 58, GOODWOOD SA 5034			
<b>Phone 1</b>	8373 4531	<b>Phone 2</b>		<b>Fax</b> 8373 7618
<b>Email</b>	<a href="mailto:jenna@headstartis.com.au">jenna@headstartis.com.au</a>			
<b>Metropolitan Area</b>	Central			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	No	No

<b>Name</b>	Lynda Barclay			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	West Lakes Shore Speech Pathology			
<b>Street Address</b>	34 Cormorant Court. West Lakes Shore 5020			
<b>Postal Address</b>	AS ABOVE			
<b>Phone 1</b>	0417 889 065	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:wlspeechpathology@gmail.com">wlspeechpathology@gmail.com</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	Yes	Please Specify Area: Barossa		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	DASHA KOLESIK			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Say Hooray			
<b>Street Address</b>	3/63 Cudmore Terrace. Henley Beach 5022			
<b>Postal Address</b>				
<b>Phone 1</b>	8353 5543	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:dkolesik@sayhooray.com.au">dkolesik@sayhooray.com.au</a>			
<b>Metropolitan Area</b>	West			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	No	No
<b>Kindergarten/ School visit</b>	Yes	Yes	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	CAROLYN COLE			
<b>Profession</b>	Speech Language Pathologist			
<b>Organisation</b>	Dr. Carolyn Cole & Associates (Golden Grove & Barossa)			
<b>Street Address</b>	Suite 11, Level 1, Golden Grove Village Shopping Centre, The Golden Way, GOLDEN GROVE SA 5125			
<b>Postal Address</b>	PO Box 211 Angaston SA 5353			
<b>Phone 1</b>	08 8289 3111	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:carolyncolespeech@bigpond.com">carolyncolespeech@bigpond.com</a>			
<b>Metropolitan Area</b>		Central		North
<b>Travel to country region</b>	Yes	Please Specify Area: Angaston, Barossa Valley		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	ALEX COLE			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>				
<b>Street Address</b>	Paediatrics at Burnside			
<b>Postal Address</b>	120 Kensington Road. Toorak Gardens SA 5065			
<b>Phone 1</b>	8332 3778	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:reception@pab.healthcare">reception@pab.healthcare</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes (if required for diagnostic assessment)	Yes (if required for diagnostic assessment)	Yes (if required for diagnostic assessment)	
<b>Intervention / Management</b>	No	No	No	No

<b>Name</b>	SARAH BOHBOT			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>				
<b>Street Address</b>	131 Ayres Road. Melrose Park 5039			
<b>Postal Address</b>	AS ABOVE			
<b>Phone 1</b>	0414 654 131	<b>Phone 2</b>	82766559	<b>Fax</b>
<b>Email</b>				
<b>Metropolitan Area</b>		Central	South	
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	JOANNE BRENECKI			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	CNS HQ			
<b>Street Address</b>	7 Wilson St BERRI SA 5343			
<b>Postal Address</b>	AS ABOVE			
<b>Phone 1</b>	8582 1645	<b>Phone 2</b>	0428 603 140	<b>Fax</b>
<b>Email</b>	<a href="mailto:joanne@cnsdq.com.au">joanne@cnsdq.com.au</a>			
<b>Metropolitan Area</b>				
<b>Travel to country region</b>	Yes	Please Specify Area: Riverland, Murray/Mallee		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	No



<b>Name</b>	SARAH TILLEY			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Connect Allied Health			
<b>Street Address</b>	8 Prescott Court HALLETT COVE SA 5158			
<b>Postal Address</b>	AS ABOVE			
<b>Phone 1</b>	0400 590 831	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:sarah@connectalliedhealth.com.au">sarah@connectalliedhealth.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	Yes	Please Specify Area: Happy to consider all areas		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	No	No
<b>Kindergarten/ School visit</b>	Yes	Yes	No	
<b>Intervention / Management</b>	Yes	Yes	No	No

<b>Name</b>	DR STEPHANIE MALLEN			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Talk Speech Pathology Pty Ltd			
<b>Street Address</b>	C/- Aldgate Physio, 18 Euston Rd, ALDGATE SA 5154 AND Shop 7, 401 Main Rd, COROMANDEL VALLEY SA 5051			
<b>Postal Address</b>	AS ABOVE			
<b>Phone 1</b>	8367 6766	<b>Phone 2</b>	0451 780 362	<b>Fax</b>
<b>Email</b>	<a href="mailto:stephanie@talkspeechpathology.com.au">stephanie@talkspeechpathology.com.au</a>			
<b>Metropolitan Area</b>	Central	South		
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	No	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	No	Yes	Yes	
<b>Intervention / Management</b>	No	Yes	Yes	Yes

<b>Name</b>	SOPHIE ORCHARD				
<b>Profession</b>	Speech Pathologist				
<b>Organisation</b>	Headstart				
<b>Street Address</b>	Wayville Village, 43-51 Goodwood Road Wayville SA 5034 & 27B Adelaide Rd, Gawler SA 5118				
<b>Postal Address</b>	PO Box 58, Goodwood SA 5034				
<b>Phone 1</b>	08 8373 4531	<b>Phone 2</b>	08 8522 2621	<b>Fax</b>	08 8373 7618
<b>Email</b>	<a href="mailto:admin@headstartis.com.au">admin@headstartis.com.au</a>				
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>	No				
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	Yes	
<b>Kindergarten/ School visit</b>	No	No	No		
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes	

<b>Name</b>	GEORGIA HANK				
<b>Profession</b>	Speech Pathologist				
<b>Organisation</b>	Headstart				
<b>Street Address</b>	Wayville Village, 43-51 Goodwood Road WAYVILLE SA 5034				
<b>Postal Address</b>	PO Box 58 GOODWOOD SA 5034				
<b>Phone 1</b>	08 8373 4531	<b>Phone 2</b>		<b>Fax</b>	08 8373 7618
<b>Email</b>	<a href="mailto:admin@headstartis.com.au">admin@headstartis.com.au</a>				
<b>Metropolitan Area</b>	Central	South			
<b>Travel to country region</b>	No				
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	Yes	
<b>Kindergarten/ School visit</b>	No	No	No		
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes	

<b>Name</b>	MARY-LOU MCDEVITT			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	McDevitt Speech Pathology			
<b>Street Address</b>	38 Gilles Rd, Glen Osmond SA 5064			
<b>Postal Address</b>	AS ABOVE			
<b>Phone 1</b>	0403 946 565	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:darmarlou@bigpond.com">darmarlou@bigpond.com</a>			
<b>Metropolitan Area</b>	Central			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	HELEN HAUSCHILD			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Inclusive Directions			
<b>Street Address</b>	Practice 1: Unit 1 34-40 Bennet Ave, Melrose Park SA 5039 Practice 2: 288 Commercial Rd, Salisbury SA 5108			
<b>Postal Address</b>	AS ABOVE			
<b>Phone 1</b>	7325 8600	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:helen.hauschild@directions.org.au">helen.hauschild@directions.org.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	BELINDA BINNEY			
<b>Profession</b>	Speech Pathologist			
<b>Organisation</b>	Country Health Connect Riverland			
<b>Street Address</b>	Cornwall St, Berri SA 5343			
<b>Postal Address</b>				
<b>Phone 1</b>	8580 2535	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	belinda.binney@sa.gov.au			
<b>Travel to country region</b>	Yes	Please Specify Area: Assessments in Berri only		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	No	No
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	Yes	Yes	No	No

<b>Name</b>	SIM DHALI WAL			
<b>Profession</b>	Speech Pathologist			
<b>Street Address</b>	27 Lincoln Ave COLONEL LIGHT GARDENS SA 5041			
<b>Postal Address</b>	As above			
<b>Phone 1</b>	0430 130 150	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:simthespeechie@gmail.com">simthespeechie@gmail.com</a>			
<b>Metropolitan Area</b>	Central	South	North	
<b>Travel to country region</b>	Yes	As far north as Gawler As far south as Aldinga As far east as Murray Bridge Will travel to rural areas if travel/accommodation costs paid for		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	No	No
<b>Kindergarten/ School visit</b>	Yes	Yes	No	
<b>Intervention / Management</b>	No	No	No	No



### Psychologists:

<b>Name</b>	ANGELA DAVIS			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Adapt Psychology			
<b>Street Address</b>	Suite 5/79 Pennington Tce NORTH ADELAIDE SA 5006			
<b>Postal Address</b>	AS ABOVE			
<b>Phone 1</b>	08 8344 5393	<b>Phone 2</b>	0419 869 643	<b>Fax</b>
<b>Email</b>	<a href="mailto:angelam.davis@bigpond.com">angelam.davis@bigpond.com</a>			
<b>Metropolitan Area</b>		Central		
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	No	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes

<b>Name</b>	DIANA MORCOM			
<b>Profession</b>	Clinical, Educational & Developmental Psychologist			
<b>Organisation</b>	Inclusive Directions			
<b>Street Address</b>	1, 34-40 Bennet Ave, Melrose Park SA 5039			
<b>Postal Address</b>	PO Box 200, Glenelg SA 5045			
<b>Phone 1</b>	7325 8600	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:diana.morcom@benevolent.org.au">diana.morcom@benevolent.org.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes

<b>Name</b>	JENNI PEARCE			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Connect Psychology			
<b>Street Address</b>	90 Opey Avenue Hyde Park SA 5061 2 Ann Street Salisbury SA 5801 1 Eleanor Street Mount Gambier SA 5290			
<b>Postal Address</b>	As Above			
<b>Phone 1</b>	8357 0043	<b>Phone 2</b>		<b>Fax</b> 8357 0045
<b>Email</b>	<a href="mailto:reception@connectpsych.com.au">reception@connectpsych.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	Yes	Please Specify Area: Limestone Coast, Riverland, Clare, Barossa, Whyalla, Kangaroo Island		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	Samantha Vincent			
<b>Profession</b>	Clinical Psychologist			
<b>Organisation</b>	My Child Psychiatry and Psychology			
<b>Street Address</b>	72 Fullarton Rd NORWOOD SA 5067			
<b>Postal Address</b>	PO Box 4010 NORWOOD SOUTH SA 5067			
<b>Phone 1</b>	7231 1703	<b>Phone 2</b>		<b>Fax</b> 7231 1945
<b>Email</b>	<a href="mailto:reception@mychildpsychiatry.com.au">reception@mychildpsychiatry.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	No	Yes	Yes	Yes

<b>Name</b>	Susan McNichol			
<b>Profession</b>	Clinical Psychologist			
<b>Organisation</b>				
<b>Street Address</b>	194 Wright Street. Adelaide			
<b>Postal Address</b>	PO Box 921 Glenelg 5045			
<b>Phone 1</b>	0427 574 014	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:bensusan@bigpond.com">bensusan@bigpond.com</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes

<b>Name</b>	Lyn Murray				
<b>Profession</b>	Psychologist				
<b>Organisation</b>	Novita Children's Services				
<b>Street Address</b>	171 Days Road. Regency Park SA 5010				
<b>Postal Address</b>	PO Box 2438. Regency Park SA 5010				
<b>Phone 1</b>	8243 8243	<b>Phone 2</b>	1300 NOVITA	<b>Fax</b>	8243 8361
<b>Email</b>	<a href="mailto:Lyn.Murray@novita.org.au">Lyn.Murray@novita.org.au</a>				
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>	Yes	Murray Bridge, Barossa, Mid North, Fleurieu			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	No	

<b>Name</b>	KATHRYN MOAR			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Private practice, Flinders Medical Centre			
<b>Street Address</b>				
<b>Postal Address</b>	PO Box 297 Fulham Gardens SA 5024			
<b>Phone 1</b>		<b>Phone 2</b>	0418 854 305	<b>Fax</b>
<b>Email</b>	kathy.moar@bigpond.com			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	KAREN MCCARTHY				
<b>Profession</b>	Psychologist				
<b>Organisation</b>	Paediatrics at Burnside				
<b>Street Address</b>	Burnside War Memorial Hospital 120 Kensington Road Toorak Gardens SA 5065				
<b>Postal Address</b>					
<b>Phone 1</b>	8332 3778	<b>Phone 2</b>	0417 849 846	<b>Fax</b>	8332 3978
<b>Email</b>	<a href="mailto:krmccarthy@yahoo.com">krmccarthy@yahoo.com</a>				
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>	Yes	Please Specify Area: By negotiation, within driving distance in one day			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	No	



<b>Name</b>	Jennifer Suthers (Jenny)				
<b>Profession</b>	Clinical Psychologist				
<b>Organisation</b>					
<b>Street Address</b>	Suite 1, 102 Reservoir Road Modbury SA 5092				
<b>Postal Address</b>	As above				
<b>Phone 1</b>	08 8395 0254	<b>Phone 2</b>		<b>Fax</b>	08 8265 7367
<b>Email</b>	<a href="mailto:jenny.suthers@internode.on.net">jenny.suthers@internode.on.net</a>				
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>	No				
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	No	

<b>Name</b>	SUSAN PETRIE			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Beanstalk Child Psychology			
<b>Street Address</b>	125 Glengyle Terrace Plympton SA 5038			
<b>Postal Address</b>	125 Glengyle Terrace Plympton SA 5038			
<b>Phone 1</b>	0430 462 525	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:susan@beanstalkkids.com.au">susan@beanstalkkids.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	Yes	Please Specify Area: Mount Gambier		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	No	No
<b>Kindergarten/ School visit</b>	Yes	Yes	No	
<b>Intervention / Management</b>	Yes	Yes	No	No

<b>Name</b>	Sandy Wilkinson				
<b>Profession</b>	Clinical Psychologist				
<b>Organisation</b>	Able Minds Psychology				
<b>Street Address</b>	Barrett House. 39 George Street Norwood SA 5067				
<b>Postal Address</b>	As above				
<b>Phone 1</b>	8341 8575	<b>Phone 2</b>		<b>Fax</b>	8331 3647
<b>Email</b>	<a href="mailto:ableminds@inet.net.au">ableminds@inet.net.au</a>				
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>	No				
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	Yes	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes	

<b>Name</b>	Angela Coppi				
<b>Profession</b>	Psychologist				
<b>Organisation</b>	Adelaide Paediatrics				
<b>Street Address</b>	360 Magill Road Kensington Park SA 5068				
<b>Postal Address</b>	360 Magill Road Kensington Park SA 5068				
<b>Phone 1</b>	8332 5311	<b>Phone 2</b>	8271 1984	<b>Fax</b>	8332 5022
<b>Email</b>	<a href="mailto:reception@adelaidepaediatrics.com.au">reception@adelaidepaediatrics.com.au</a>				
<b>Metropolitan Area</b>		Central			
<b>Travel to country region</b>	No				
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>					
<b>Intervention / Management</b>	Yes	Yes	Yes	No	

<b>Name</b>	Karen Linehan			
<b>Profession</b>	Health Psychologist			
<b>Organisation</b>	Linehan Health Psychology			
<b>Street Address</b>	479 Port Road, Croydon SA 5008			
<b>Postal Address</b>	PO Box 4012, Largs Bay SA 5016			
<b>Phone</b>	0426 859 910	<b>Fax</b>	08 8490 2382	
<b>Email</b>	<a href="mailto:karen@linehanhealthpsychology.com">karen@linehanhealthpsychology.com</a>			
<b>Metropolitan Area</b>	Central	South	North	West
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	No	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	No	Yes	Yes	
<b>Intervention / Management</b>	No	No	No	No

<b>Name</b>	Jessica Webster				
<b>Profession</b>	Psychologist				
<b>Organisation</b>					
<b>Street Address</b>	220 Melbourne Street. North Adelaide 5006				
<b>Postal Address</b>	As above				
<b>Phone 1</b>	8267 3911	<b>Phone 2</b>		<b>Fax</b>	8357 0045
<b>Email</b>					
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>	No				
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	No	

<b>Name</b>	VANESSA N. BAYLIS				
<b>Profession</b>	Psychologist				
<b>Organisation</b>	Vanessa N. Baylis and Associates Pty Ltd				
<b>Street Address</b>	25 Jubilee Highway West, MOUNT GAMBIER SA 5290				
<b>Postal Address</b>	PO Box 8115, MOUNT GAMBIER SA 5291				
<b>Phone 1</b>	0437 715 569	<b>Phone 2</b>	08 8723 5921	<b>Fax</b>	08 8723 5921
<b>Email</b>	<a href="mailto:vnbaylis@yahoo.com.au">vnbaylis@yahoo.com.au</a>				
<b>Metropolitan Area</b>					
<b>Travel to country region</b>	Yes	Please Specify Area: Limestone Coast			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes	

<b>Name</b>	Dr Loraine Lim				
<b>Profession</b>	Psychologist				
<b>Organisation</b>					
<b>Street Address</b>	245 Sturt Street Adelaide SA 5000 (adult)				
<b>Postal Address</b>	245 Sturt Street Adelaide SA 5000				
<b>Phone 1</b>	0451 669 861	<b>Phone 2</b>		<b>Fax</b>	(08) 7226 1311
<b>Email</b>	<a href="mailto:limloraine@gmail.com">limloraine@gmail.com</a>				
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>	No	Please Specify Area:			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	No	No	Yes	Yes	
<b>Kindergarten/ School visit</b>	No	No	No		
<b>Intervention / Management</b>	No	no	Yes	Yes	



<b>Name</b>	LOULA TSITSIS				
<b>Profession</b>	Psychologist				
<b>Organisation</b>	Private Practice				
<b>Street Address</b>	Level 6, 117 King William Street, ADELAIDE SA 5082				
<b>Postal Address</b>	AS ABOVE				
<b>Phone 1</b>	8410 4200	<b>Phone 2</b>	0411 197 986	<b>Fax</b>	8201 4404
<b>Email</b>					
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>	No	Please Specify Area:			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes	

<b>Name</b>	LINDY PETERSEN				
<b>Profession</b>	Clinical Psychology				
<b>Organisation</b>	Lindy Petersen Pty Ltd				
<b>Street Address</b>	266 Melbourne St, NORTH ADELAIDE SA 5006				
<b>Postal Address</b>	AS ABOVE				
<b>Phone 1</b>	08 8267 1001	<b>Phone 2</b>		<b>Fax</b>	08 8267 1009
<b>Email</b>	Lindy.petersen@stopthinkdo.com				
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>	Yes	Please Specify Area: Ardrossan, York Peninsula			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	Yes	
<b>Kindergarten/ School visit</b>	No	No	No		
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes	

<b>Name</b>	GAYE McALLISTER			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Private Practice			
<b>Street Address</b>	3 Snow Street Glen Osmond			
<b>Postal Address</b>	As Above			
<b>Phone 1</b>	8338 1444	<b>Phone 2</b>		<b>Fax</b> 8338 1442
<b>Email</b>	<a href="mailto:gmpsynd@chariot.net.au">gmpsynd@chariot.net.au</a>			
<b>Metropolitan Area</b>		Central		
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes		
<b>Kindergarten/ School visit</b>	No	No		
<b>Intervention / Management</b>				

<b>Name</b>	ROSE PRICE			
<b>Profession</b>	Psychologist			
<b>Organisation</b>				
<b>Street Address</b>	Unit 3, 436 Goodwood Road. Cumberland Park 5041			
<b>Postal Address</b>	As Above			
<b>Phone 1</b>	08 8373 3338	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	rose@roseprice.com.au			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes

<b>Name</b>	SARAH ANDERSON			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Headstart Intervention Services			
<b>Street Address</b>	Wayville Village, 43-51 Goodwood Road WAYVILLE SA 5034			
<b>Postal Address</b>	PO Box 58, GOODWOOD SA 5034			
<b>Phone 1</b>	08 8373 4531	<b>Phone 2</b>		<b>Fax</b> 8373 7618
<b>Email</b>	<a href="mailto:sjandersonbaldock@gmail.com">sjandersonbaldock@gmail.com</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes

<b>Name</b>	LANA-JOY DURIK			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Smiles All Round			
<b>Street Address</b>	6 Ormerod Street. Naracoorte SA 5271			
<b>Postal Address</b>	PO Box 1287 Naracoorte SA 5271			
<b>Phone 1</b>	0430 022 705	<b>Phone 2</b>		<b>Fax</b> 08 8762 2044
<b>Email</b>	<a href="mailto:ana-joy@smiles-all-round.com.au">ana-joy@smiles-all-round.com.au</a>			
<b>Metropolitan Area</b>				
<b>Travel to country region</b>	Yes	Please Specify Area: Upper & Lower South East		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	ROBYN YOUNG			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Headstart Intervention Services			
<b>Street Address</b>	Wayville Village, 43-51 Goodwood Road WAYVILLE SA 5034			
<b>Postal Address</b>	PO Box 58, GOODWOOD SA 5034			
<b>Phone 1</b>	08 8373 4531	<b>Phone 2</b>		<b>Fax</b> 8373 7618
<b>Email</b>	<a href="mailto:robyn@headstartIS.com.au">robyn@headstartIS.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	Yes	Please Specify Area: As requested		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes

<b>Name</b>	HELEN BROOMHALL			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Learning Keys			
<b>Street Address</b>	332 Goodwood Road. Clarence Park SA 5034			
<b>Postal Address</b>	As above			
<b>Phone 1</b>	8272 6919	<b>Phone 2</b>		<b>Fax</b> 8272 8614
<b>Email</b>	helen@learningkeys.com.au			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	No	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	No	Yes – by negotiation	Yes	
<b>Intervention / Management</b>	No	Yes	Yes	No



<b>Name</b>	DIANA REILLY			
<b>Profession</b>	Clinical Psychologist / Education & Developmental Psychologist			
<b>Organisation</b>	Marion Road Psychology			
<b>Street Address</b>	673 Marion Road Ascot Park 5943			
<b>Postal Address</b>	As above			
<b>Phone 1</b>	8276 8609	<b>Phone 2</b>		<b>Fax</b> 8276 6220
<b>Email</b>	dianareilly@internode.on.net			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No	Please Specify Area: South East & other areas by negotiation		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes

<b>Name</b>	CAROLYN COLE			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Flinders Medical Centre / Private Practice / Disability SA			
<b>Street Address</b>	(Flinders Medical Centre) Childrens Assessment Team Flinders Medical Centre, BEDFORD PARK SA 5042			
<b>Street Address</b>	(Private Practice) 33 Hackney Rd, HACKNEY SA 5069			
<b>Postal Address</b>	As Above			
<b>Phone 1</b>	(Flinders Medical Centre) 08 8204 4433	<b>Phone 2</b>	(Private Practice) 0450 488 213	<b>Fax</b>
<b>Email</b>	(Flinders Medical Centre) <a href="mailto:carolyn.cole@health.sa.gov.au">carolyn.cole@health.sa.gov.au</a>		(Private Practice) carolyncole@hotmail.com	
<b>Metropolitan Area</b>		Central	South	
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes		
<b>Kindergarten/ School visit</b>	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes

<b>Name</b>	GENNA BERLINGERI			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Headstart Intervention Services			
<b>Street Address</b>	Wayville Village, 43-51 Goodwood Road WAYVILLE SA 5034			
<b>Postal Address</b>	PO Box 58, GOODWOOD SA 5034			
<b>Phone 1</b>	08 8373 4531	<b>Phone 2</b>		<b>Fax</b> 8373 7618
<b>Email</b>	<a href="mailto:genna@headstartIS.com.au">genna@headstartIS.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	No	
<b>Intervention / Management</b>	Yes	Yes	No	No

<b>Name</b>	DONNA KITE				
<b>Profession</b>	Psychologist				
<b>Organisation</b>	D.K Psychology				
<b>Street Address</b>	Old Port Augusta Hospital				
<b>Postal Address</b>	PO box 1855, PORT AUGUSTA SA 5700				
<b>Phone 1</b>	08 86411 887	<b>Phone 2</b>		<b>Fax</b>	08 86411 887
<b>Email</b>	d.kite@ozemail.com.au				
<b>Metropolitan Area</b>					
<b>Travel to country region</b>	Yes	Please Specify Area: Based full time at Port Augusta			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	Yes	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes	

<b>Name</b>	SUE WATTS				
<b>Profession</b>	Psychologist				
<b>Organisation</b>	Positive Thinking Psychology				
<b>Street Address</b>	Suite 1, 102 Reservoir Road. Modbury				
<b>Postal Address</b>					
<b>Phone 1</b>	08 8395 0254	<b>Phone 2</b>		<b>Fax</b>	08 8265 7367
<b>Email</b>	<a href="mailto:wattspsychology@gmail.com">wattspsychology@gmail.com</a>				
<b>Metropolitan Area</b>					North
<b>Travel to country region</b>	No	Please Specify Area:			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	Yes	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes	

<b>Name</b>	CAREEN LINDSAY			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	South East Family Psychology			
<b>Street Address</b>	25 Jubilee Highway West Mount Gambier			
<b>Postal Address</b>	PO Box 2866 Mount Gambier SA 5290			
<b>Phone 1</b>	0402 032 883	<b>Phone 2</b>		<b>Fax</b> 08 8725 6301
<b>Email</b>	<a href="mailto:careenlindsay@bigpond.com.au">careenlindsay@bigpond.com.au</a>			
<b>Metropolitan Area</b>	NO			
<b>Travel to country region</b>	Yes	Please Specify Area: Mount Gambier		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	MELISSA RODI			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Headstart Intervention Psychology			
<b>Street Address</b>	Wayville Village, 43-51 Goodwood Road WAYVILLE SA 5034			
<b>Postal Address</b>	PO Box 58, GOODWOOD SA 5034			
<b>Phone 1</b>	08 8373 4531	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:Melissa@headstartis.com.au">Melissa@headstartis.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	ROCHELLE HAY			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Psychology SA			
<b>Street Address</b>	77 Gibson Street Bowden 5007			
<b>Postal Address</b>	AS ABOVE			
<b>Phone 1</b>	08 8254 7300	<b>Phone 2</b>	0413 040 584	<b>Fax</b>
<b>Email</b>	<a href="mailto:enquiries@psychologysa.org.au">enquiries@psychologysa.org.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes



<b>Name</b>	JAMES BROADBENT				
<b>Profession</b>	Psychologist				
<b>Organisation</b>	Specialist on States				
<b>Street Address</b>	62 States Road Morphett Vale				
<b>Postal Address</b>	AS ABOVE				
<b>Phone 1</b>	0412 032 097	<b>Phone 2</b>	8322 2933	<b>Fax</b>	8322 2148
<b>Email</b>	broadbentpsychology@hotmail.com				
<b>Metropolitan Area</b>		Central	South		
<b>Travel to country region</b>	No	Please Specify Area:			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>	No	No	No		
<b>Intervention / Management</b>	Yes	Yes	Yes	No	

<b>Name</b>	SHELLEY ASHBY				
<b>Profession</b>	Psychologist				
<b>Organisation</b>	Praesidium Psychological Services				
<b>Street Address</b>	27 Gilbert St LYNDPOCH SA 5351				
<b>Postal Address</b>	PO Box 823 LYNDPOCH SA 5351				
<b>Phone 1</b>	08 8524 5074	<b>Phone 2</b>	0410 822 130	<b>Fax</b>	08 8524 4251
<b>Email</b>	<a href="mailto:shelley@praesidiumpsych.com.au">shelley@praesidiumpsych.com.au</a>				
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>	Yes	Please Specify Area: Within 100km of Lyndoch			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	Yes	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes	

<b>Name</b>	KAREN DAVIES			
<b>Profession</b>	Clinical Psychologist			
<b>Organisation</b>	Upstream Health			
<b>Street Address</b>	248 Grote St ADELAIDE SA 5000			
<b>Postal Address</b>	PO Box 564 TANUNDA SA 5352			
<b>Phone 1</b>	8125 4830	<b>Phone 2</b>		<b>Fax</b> 7223 2038
<b>Email</b>	<a href="mailto:karen@upstreamhealthsa.com.au">karen@upstreamhealthsa.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	Yes	Please Specify Area: Within 30 mins of Tanunda		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	No	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	No	Yes	Yes	
<b>Intervention / Management</b>	No	Yes	Yes	Yes

<b>Name</b>	LUNA GAONI			
<b>Profession</b>	Psychologist			
<b>Organisation</b>				
<b>Street Address</b>	267 Fullarton Rd PARKSIDE SA 5063			
<b>Postal Address</b>	As above			
<b>Phone 1</b>	0411 273 011	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	lunagaoni@gmail.com			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes

<b>Name</b>	GEORGIA CARAPETIS			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Consulting at Adapt Psychology			
<b>Street Address</b>	194 Wright St ADELAIDE SA 5000			
<b>Postal Address</b>	194 Wright St ADELAIDE SA 5000			
<b>Phone 1</b>	0405 137 554	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:georgiacarapetis@bigpond.com">georgiacarapetis@bigpond.com</a>			
<b>Metropolitan Area</b>	Central			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	RHIANON MARSHALL			
<b>Profession</b>	Clinical Psychologist			
<b>Organisation</b>	Reaching Potential Psychology			
<b>Street Address</b>	Stables Shopping Centre, Cnr Golden Grove & Crouch Roads, GOLDEN GROVE SA 5125			
<b>Postal Address</b>	Healthsense Medical Centre, Stables Shopping Centre, 1495-1497 Golden Grove Road, GOLDEN GROVE SA 5125			
<b>Phone 1</b>	8251 3885	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:rhianon@rpppsychology.com">rhianon@rpppsychology.com</a>			
<b>Metropolitan Area</b>	North			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	FRANCES KOULOS				
<b>Profession</b>	Psychologist				
<b>Organisation</b>	My Psychologist				
<b>Street Address</b>	67 Payneham Rd, COLLEGE PARK SA 5069				
<b>Postal Address</b>	PO Box 677, WALKERVILLE SA 5081				
<b>Phone 1</b>	0427 277 237	<b>Phone 2</b>	8363 3957	<b>Fax</b>	8363 3957
<b>Email</b>	<a href="mailto:info@mypsychologist.net.au">info@mypsychologist.net.au</a>				
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>	Yes	Please Specify Area: By Negotiation			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	Yes	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes	

<b>Name</b>	LOUISE VINES			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Consulting from Adapt Psychology (Tuesdays) and Treehouse Psychology (Mondays, Thursdays)			
<b>Street Address</b>	Adapt Psychology – 194 Wright St, Adelaide Treehouse Psychology – 57 Braund Rd, Prospect			
<b>Postal Address</b>	Adapt Psychology – 194 Wright St, Adelaide SA 5000			
<b>Phone 1</b>	0410 109 881	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:lavines@bigpond.com">lavines@bigpond.com</a>			
<b>Metropolitan Area</b>	Central	South		
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes



<b>Name</b>	ALYCIA POWELL-JONES			
<b>Profession</b>	Registered Psychologist			
<b>Organisation</b>	Headstart Intervention Services			
<b>Street Address</b>	Wayville Village, 43-51 Goodwood Rd, Wayville SA 5034			
<b>Postal Address</b>	PO Box 58, Goodwood SA 5034			
<b>Phone 1</b>	08 8373 4531	<b>Phone 2</b>		<b>Fax</b> 08 8373 7618
<b>Email</b>	<a href="mailto:Alycia.pj@headstartis.com.au">Alycia.pj@headstartis.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	No	Yes	Yes	Yes

<b>Name</b>	KYLA TREWARTHA			
<b>Profession</b>	Clinical Psychologist			
<b>Organisation</b>	Reaching Potential Psychology			
<b>Street Address</b>	Healthsense Medical Centre, The Stables Shopping Centre, Cnr Golden Grove & Crouch Rds, Golden Grove SA 5125			
<b>Postal Address</b>	AS ABOVE			
<b>Phone 1</b>	08 8251 3885	<b>Phone 2</b>		<b>Fax</b> 08 8251 7035
<b>Email</b>	<a href="mailto:kyla@rpppsychology.com">kyla@rpppsychology.com</a>			
<b>Metropolitan Area</b>	North			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	DEMELZA SEARS			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	OK Psychology			
<b>Street Address</b>	450 Pulteney St Adelaide SA 5000			
<b>Postal Address</b>	PO Box 135, St Agnes SA 5097			
<b>Phone 1</b>	08 8264 2311	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:demelza@okpsychology.com.au">demelza@okpsychology.com.au</a>			
<b>Metropolitan Area</b>	Central			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes

<b>Name</b>	TIM UPSDELL				
<b>Profession</b>	Clinical Psychologist				
<b>Organisation</b>	Fleurieu Psychology Services				
<b>Street Address</b>	U1, 116-118 Beach Road CHRISTIES BEACH SA 5165				
<b>Postal Address</b>	As above				
<b>Phone 1</b>	08 8326 4354	<b>Phone 2</b>	0439 820 573	<b>Fax</b>	08 8326 4359
<b>Email</b>	<a href="mailto:timu@fleurpsych.com.au">timu@fleurpsych.com.au</a>				
<b>Metropolitan Area</b>	South				
<b>Travel to country region</b>	Yes	South Coast (Victor Harbor/Goolwa)			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	No	No	No	Yes	
<b>Kindergarten/ School visit</b>	No	No	No		
<b>Intervention / Management</b>	No	No	No	Yes	

<b>Name</b>	ELISE THOMPSON			
<b>Profession</b>	Clinical Psychologist			
<b>Organisation</b>				
<b>Street Address</b>				
<b>Postal Address</b>	PO Box 259 PARINGA SA 5340			
<b>Phone 1</b>	0407 725 175	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:elise.nicole.thompson@gmail.com">elise.nicole.thompson@gmail.com</a>			
<b>Metropolitan Area</b>				
<b>Based in country region</b>	Yes	Please Specify Area: Riverland, South-East		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	No	No	No	No

<b>Name</b>	JOANNA TSIRGIOTIS			
<b>Profession</b>	Psychologist			
<b>Organisation</b>	Headstart Intervention Services			
<b>Street Address</b>	43-51 Goodwood Road, Wayville SA 5034			
<b>Postal Address</b>	PO Box 58, Goodwood SA 5034			
<b>Phone 1</b>	(08) 8373 4531	<b>Phone 2</b>		<b>Fax</b> (08) 8373 7618
<b>Email</b>	<a href="mailto:joanna@headstartis.com.au">joanna@headstartis.com.au</a> ; <a href="mailto:admin@headstartis.com.au">admin@headstartis.com.au</a>			
<b>Metropolitan Area</b>	Central	North		
<b>Travel to country region</b>	Yes	Please Specify Area: As requested		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes

### Paediatricians:

<b>Name</b>	KATHY LEE			
<b>Profession</b>	Paediatrician			
<b>Organisation</b>	Sunshine Paediatrics			
<b>Street Address</b>	Various locations around Adelaide			
<b>Postal Address</b>	PO Box 1039 Clearview 5085			
<b>Phone 1</b>	08 8261 4873	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:admin@sunshinepaediatrics.com.au">admin@sunshinepaediatrics.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	Yes	Please Specify Area: Waikerie & Kadina		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	DR DAVID BAULDERSTONE			
<b>Profession</b>	Paediatrician			
<b>Organisation</b>	Department of General Medicine, Women's & Children's Hospital			
<b>Street Address</b>	72 King William St, North Adelaide SA 5006			
<b>Postal Address</b>	As above			
<b>Phone 1</b>	08 8161 6484	<b>Phone 2</b>		<b>Fax</b> 08 8161 6447
<b>Email</b>				
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	N/A



<b>Name</b>	DR AFDAL IBRAHIM			
<b>Profession</b>	Consultant Paediatrician			
<b>Organisation</b>	FMC			
<b>Street Address</b>	1 Flinders Drive,			
<b>Postal Address</b>	FMC Bedford Park, SA 5042			
<b>Phone 1</b>	08 8204 5511	<b>Phone 2</b>		<b>Fax</b> 8204 3945
<b>Email</b>	<a href="mailto:afdal.ibrahim@health.sa.gov.au">afdal.ibrahim@health.sa.gov.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	No	No
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	

<b>Name</b>	LIBERTY GALLUS			
<b>Profession</b>	Paediatrician			
<b>Organisation</b>	Children's Assessment Team, Flinders Medical Centre			
<b>Street Address</b>	Department of Paediatrics and Child Health. Flinders Medical Centre. Bedford Park 5042			
<b>Postal Address</b>	As Above			
<b>Phone 1</b>	08 8204 4433	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>				
<b>Metropolitan Area</b>			South	
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	Yes	Yes	No	No

<b>Name</b>	PHILIP S. MUNT			
<b>Profession</b>	Paediatrician			
<b>Organisation</b>				
<b>Street Address</b>	1455 South Rd, BEDFORD PARK SA 5042			
<b>Postal Address</b>				
<b>Phone 1</b>	08 8277 6344	<b>Phone 2</b>		<b>Fax</b> 08 8374 1144
<b>Email</b>	franklinhouse@internode.on.net			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	Noha Soliman				
<b>Profession</b>	Paediatrician				
<b>Organisation</b>	Adelaide Paediatrics				
<b>Street Address</b>	360 Magill Road Kensington Park SA 5068				
<b>Postal Address</b>	360 Magill Road Kensington Park SA 5068				
<b>Phone 1</b>	8332 5311	<b>Phone 2</b>	8271 1984	<b>Fax</b>	8332 5022
<b>Email</b>	<a href="mailto:reception@adelaidepaediatrics.com.au">reception@adelaidepaediatrics.com.au</a>				
<b>Metropolitan Area</b>		Central			
<b>Travel to country region</b>	No	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>	No	No	No		
<b>Intervention / Management</b>	Yes	Yes	Yes	No	

<b>Name</b>	Dr Anthony Chitti				
<b>Profession</b>	Paediatrician				
<b>Organisation</b>	Adelaide Paediatrics				
<b>Street Address</b>	89 Strangeways Terrace North Adelaide SA 5006				
<b>Postal Address</b>	89 Strangeways Terrace North Adelaide SA 5006				
<b>Phone 1</b>	08 8239 9237	<b>Phone 2</b>	08 8271 1984	<b>Fax</b>	08 8239 9119
<b>Email</b>	<a href="mailto:reception@adelaidepaediatrics.com.au">reception@adelaidepaediatrics.com.au</a>				
<b>Metropolitan Area</b>		Central			
<b>Travel to country region</b>	No				
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>	No	No	No		
<b>Intervention / Management</b>	Yes	Yes	Yes	No	

<b>Name</b>	GILLIAN WATTERSON				
<b>Profession</b>	Paediatrician				
<b>Organisation</b>					
<b>Street Address</b>	Mount Gambier Hospital 276 -300 Wehl Street North MOUNT GAMBIER SA 5292				
<b>Postal Address</b>					
<b>Phone 1</b>	08 8721 1200	<b>Phone 2</b>	0435 782 988	<b>Fax</b>	08 8721 1248
<b>Email</b>	<a href="mailto:GILLIAN.WATTERSON@HEALTH.SA.GOV.AU">GILLIAN.WATTERSON@HEALTH.SA.GOV.AU</a>				
<b>Metropolitan Area</b>					
<b>Travel to country region</b>	Yes	Please Specify Area: Mount Gambier			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes		
<b>Kindergarten/ School visit</b>					
<b>Intervention / Management</b>	Yes	Yes	Yes		

<b>Name</b>	DEEPA JEYASEELAN			
<b>Profession</b>	Paediatrician			
<b>Organisation</b>	CDU (WCH) / Community Paediatrician (SAHS) / FMC			
<b>Street Address</b>				
<b>Postal Address</b>	C/- Dept of Paediatrics, Flinders Medical Centre, Flinders Dve, BEDFORD PARK SA 5042			
<b>Phone 1</b>	08 8204 4433	<b>Phone 2</b>	0434 077 851	<b>Fax</b>
<b>Email</b>	Deepa.Jeyaseelan@health.sa.gov.au			
<b>Metropolitan Area</b>				
<b>Travel to country region</b>				
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>				
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	MATT SCHOLAR			
<b>Profession</b>	Paediatrician			
<b>Organisation</b>	Adelaide Paediatrics			
<b>Street Address</b>	The Terraces 4 – 6 Goodwood Road Wayville 5034			
<b>Postal Address</b>	As above			
<b>Phone 1</b>	8271 1094	<b>Phone 2</b>		<b>Fax</b> 8271 1598
<b>Email</b>	<a href="mailto:matthew.scholar@health.sa.gov.au">matthew.scholar@health.sa.gov.au</a>			
<b>Metropolitan Area</b>			South	
<b>Travel to country region</b>	Yes	Naracoorte		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	No



<b>Name</b>	DEIRDRE WHITE			
<b>Profession</b>	Paediatrician			
<b>Organisation</b>	Child Development Unit, Flinders Medical Centre & Women's & Children's Hospital			
<b>Street Address</b>	Flinders Medical Centre Flinders Dr, BEDFORD PARK SA 5042	Women's & Children's Hospital 72 King William Road, NORTH ADELAIDE SA 5006		
<b>Postal Address</b>	As Above			
<b>Phone 1</b>	08 8204 4433 (FMC)	<b>Phone 2</b>	08 8161 7000	<b>Fax</b>
<b>Email</b>	deirdre.white@health.sa.gov.au			
<b>Metropolitan Area</b>				
<b>Travel to country region</b>	Yes	Port Lincoln (CDU)		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes		No
<b>Kindergarten/ School visit</b>				
<b>Intervention / Management</b>	Yes	Yes		No

<b>Name</b>	CHRIS PEARSON				
<b>Profession</b>	Paediatrician				
<b>Organisation</b>	Women's & Children's Hospital Department of General Medicine				
<b>Street Address</b>	72 King William Rd, NORTH ADELAIDE SA 5006				
<b>Postal Address</b>					
<b>Phone 1</b>	08 8161 6484	<b>Phone 2</b>		<b>Fax</b>	08 8161 6447
<b>Email</b>					
<b>Metropolitan Area</b>					
<b>Travel to country region</b>					
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>					
<b>Intervention / Management</b>	Yes	Yes	Yes	No	

<b>Name</b>	Asha Fuller			
<b>Profession</b>	Paediatrician			
<b>Organisation</b>	Women's & Children's Hospital			
<b>Street Address</b>	72 King William Rd NORTH ADELAIDE SA 5006			
<b>Postal Address</b>				
<b>Phone 1</b>	8161 6484	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:asha.fuller@sa.gov.au">asha.fuller@sa.gov.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes

<b>Name</b>	Dr Patrina Lee			
<b>Profession</b>	Paediatrician			
<b>Organisation</b>	Children's Assessment Team (CAT) Flinders Medical Centre (FMC)			
<b>Street Address</b>	Bedford Park SA 5042			
<b>Postal Address</b>	As above			
<b>Phone 1</b>	8204 4433	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:patrina.lee@sa.gov.au">patrina.lee@sa.gov.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	SADIA CHAUDRY			
<b>Profession</b>	Paediatrician			
<b>Organisation</b>	South Side Kids & Paediatrics at Burnside			
<b>Street Address</b>	South Side Kids: Flinders Private Hospital Paediatrics at Burnside: 120 Kensington Rd, Toorak Gardens SA 5065			
<b>Postal Address</b>	As above			
<b>Phone 1</b>		<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:chaudry.sadia@gmail.com">chaudry.sadia@gmail.com</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	No	No	No	No

### Psychiatrists:

<b>Name</b>	DR MARGARET PHILP				
<b>Profession</b>	Child & Adolescent Psychiatrist				
<b>Organisation</b>					
<b>Street Address</b>	Sir Mark Oliphant Building 5 Laffers Drive Bedford Park SA 5042				
<b>Postal Address</b>	As Above				
<b>Phone 1</b>	08 8277 6344	<b>Phone 2</b>		<b>Fax</b>	08 8374 1144
<b>Email</b>					
<b>Metropolitan Area</b>		Central	South		
<b>Travel to country region</b>	No	Please Specify Area:			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>					
<b>Intervention / Management</b>	Yes	Yes	Yes	No	

<b>Name</b>	DR MELANIE TURNER			
<b>Profession</b>	Child & Adolescent Psychiatrist			
<b>Organisation</b>				
<b>Street Address</b>	107 Walkerville Terrace Walkerville			
<b>Postal Address</b>	PO Box 530, Walkerville SA 5081			
<b>Phone 1</b>	08 7321 1703	<b>Phone 2</b>		<b>Fax</b> 7231 1945
<b>Email</b>	<a href="mailto:childpsychiatry@internode.on.net">childpsychiatry@internode.on.net</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No	Please Specify Area:		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	No	No	No	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Name</b>	PEYMAN BAKHTIARIAN				
<b>Profession</b>	Child & Adolescent Psychiatrist				
<b>Organisation</b>	CYWHS				
<b>Street Address</b>	72 King William Road, NORTH ADELAIDE SA 5006				
<b>Postal Address</b>	As Above				
<b>Phone 1</b>	08 8161 7000	<b>Phone 2</b>	08 8161 8056	<b>Fax</b>	08 8161 8090
<b>Email</b>	peyman.bakhtiarian@health.sa.gov.au				
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>	No	Please Specify Area:			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	No	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	No	



### Multi-Disciplinary Teams:

<b>Organisation</b>	Angela Davis & Kate King			
<b>Street Address</b>	Adapt Psychology Suite 5/79 Pennington Tce NORTH ADELAIDE SA 5006 U3/436 Goodwood Rd CUMBERLAND PARK SA 5041			
<b>Postal Address</b>	PO Box 10281 Adelaide BC Adelaide 5000			
<b>Phone 1</b>	8221 6023	<b>Phone 2</b>	0402 134 379	<b>Fax</b>
<b>Email</b>	<a href="mailto:klking@tpg.com.au">klking@tpg.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	Yes	By negotiation		
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>		Yes	Yes	Yes

<b>Organisation</b>	HEADSTART INTERVENTION SERVICES				
<b>Street Address</b>	Wayville Village, 43-51 Goodwood Road Wayville SA 5034 27b Adelaide Road Gawler SA 5118				
<b>Postal Address</b>	PO Box 58, GOODWOOD SA 5034				
<b>Phone 1</b>	08 8373 4531 (Wayville)	<b>Phone 2</b>	08 8522 2621 (Gawler)	<b>Fax</b>	08 8373 7618
<b>Email</b>	<a href="mailto:admin@headstartis.com.au">admin@headstartis.com.au</a>				
<b>Metropolitan Area</b>	All				
<b>Travel to country region</b>	Yes	By negotiation			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>	
<b>Assessment</b>	Yes	Yes	Yes	Yes	
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes		
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes	

<b>Organisation</b>	Praesidium Psychological Services			
<b>Street Address</b>	27 Gilbert St LYNDPOCH SA 5351			
<b>Postal Address</b>	PO Box 823 LYNDPOCH SA 5351			
<b>Phone 1</b>	8524 5074	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:admin@praesidiumpsych.com.au">admin@praesidiumpsych.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	Yes			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	Yes

<b>Organisation</b>	Luna Gaoni & Melissa Seddon			
<b>Street Address</b>	267 Fullarton Road, PARKSIDE SA 5065			
<b>Postal Address</b>	As above			
<b>Phone 1</b>	0411 273 011 (Luna)	<b>Phone 2</b>	0413 278 281 (Melissa)	<b>Fax</b>
<b>Email</b>	<a href="mailto:lunagaoni@gmail.com">lunagaoni@gmail.com</a> <a href="mailto:seddonmann@internode.on.net">seddonmann@internode.on.net</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	No	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	No	
<b>Intervention / Management</b>	Yes (Luna)	Yes (Luna)	Yes (Luna)	Yes (Luna)

<b>Organisation</b>	Guiding Pathways – Carolyn Cole and Tanya O’Neil			
<b>Street Address</b>	903a South Road, CLARENCE GARDENS SA 5039			
<b>Postal Address</b>	As above			
<b>Phone 1</b>	7225 7952	<b>Phone 2</b>		<b>Fax</b>
<b>Email</b>	<a href="mailto:admin@guidingpathways.com.au">admin@guidingpathways.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	No
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	Yes	Yes	Yes	No

<b>Organisation</b>	Neaves & Menne Clinical Psychology Caitlin Del Zoppo (Speech Pathologist) & Annabel Marsh (Psychologist)			
<b>Street Address</b>	28 Ward Street NORTH ADELAIDE SA 5006			
<b>Postal Address</b>	As above			
<b>Phone 1</b>	8267 5466	<b>Phone 2</b>		<b>Fax</b> 8267 3313
<b>Email</b>	<a href="mailto:contact@neavesandmenne.com.au">contact@neavesandmenne.com.au</a>			
<b>Metropolitan Area</b>	All			
<b>Travel to country region</b>	No			
	<b>Preschool</b>	<b>Primary</b>	<b>Secondary</b>	<b>Adult</b>
<b>Assessment</b>	Yes	Yes	Yes	Yes
<b>Kindergarten/ School visit</b>	Yes	Yes	Yes	
<b>Intervention / Management</b>	No	No	No	No