

Vocal nodules: referral for voice therapy closer to home



Assume that today's date is 22 October 2026. Ms Farahani's last session at the hospital voice clinic was on 15 October 2026. You are a speech pathologist at a hospital voice clinic. Using the information in the case notes, write a letter to Ms Deepika Bahrami, a speech pathologist at a community voice clinic near the patient's home, referring Ms Farahani to continue her voice therapy. Address the letter to Ms Deepika Bahrami, Speech Pathologist, Community Voice Clinic, 42 Market Street. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

- | | I | C | O |
|--|--------------------------|--------------------------|--------------------------|
| 1. Name: Ms Rhiannon Farahani | ☐ | ☐ | ☐ |
| 2. DOB: 14/03/1988 (38 yrs) | ☐ | ☐ | ☐ |
| 3. Address: 7 Kingfisher Lane | ☐ | ☐ | ☐ |
| 4. Referred by ENT surgeon Dr Murali Sahin; attending hospital voice clinic since 03/09/26 | ☐ | ☐ | ☐ |

Social background

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|---|--------------------------|--------------------------|--------------------------|
| 5. Primary school teacher (Year 2, class of 26), full-time; also teaches music 2 sessions/wk | ☐ | ☐ | ☐ |
| 6. Married, 2 children (6 and 9 yrs) | ☐ | ☐ | ☐ |
| 7. Hospital approx 1.5 hrs each way by train; no further leave available from school → missed 2 appts | ☐ | ☐ | ☐ |
| 8. Sings alto in community choir weekly | ☐ | ☐ | ☐ |
| 9. Enjoys gardening and yoga | ☐ | ☐ | ☐ |
| 10. Pt says school principal 'doesn't take staff health seriously' | ☐ | ☐ | ☐ |

Medical history

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|---|--------------------------|--------------------------|--------------------------|
| 11. Mild asthma — salbutamol inhaler PRN (uses approx 1x/month) | ☐ | ☐ | ☐ |
| 12. Appendicectomy 2009 | ☐ | ☐ | ☐ |
| 13. Occasional heartburn — ENT advised reflux lifestyle measures; GP managing | ☐ | ☐ | ☐ |
| 14. Non-smoker; alcohol 2–3 standard drinks/wk; coffee approx 4 cups/day | ☐ | ☐ | ☐ |
| 15. Allergies: nil known | ☐ | ☐ | ☐ |

ENT assessment (Dr Sahin, 28/08/26)

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| 16. 6/12 hx progressive hoarseness, worse at end of school day/week; vocal fatigue; voice 'cracks' when singing | ☐ | ☐ | ☐ |
| 17. Videostroboscopy: small bilateral mid-membranous vocal fold nodules; no other lesion; mucosal wave mildly ↓ at nodule sites | ☐ | ☐ | ☐ |
| 18. Plan: conservative mgt with voice therapy; surgery not indicated at present; ENT review with repeat stroboscopy in 3/12 (late Nov) | ☐ | ☐ | ☐ |

Speech pathology

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|---|--------------------------|--------------------------|--------------------------|
| 19. Initial assessment 03/09: GRBAS G2 R2 B1 A0 S1; VHI-10 26/40 | ☐ | ☐ | ☐ |
| 20. Sessions attended: 4 of 6 booked (2 missed due to travel/work) | ☐ | ☐ | ☐ |
| 21. Vocal hygiene education: hydration (water bottle in class); ↓ throat clearing (replace with swallow/sip); ↓ caffeine; avoid shouting and whispering | ☐ | ☐ | ☐ |
| 22. Therapy: semi-occluded vocal tract exercises (straw phonation) + resonant voice; home program 2x daily, 10 min — adherence approx 4 days/wk | ☐ | ☐ | ☐ |
| 23. Classroom: now using hand signals/clapping for attention; personal voice amplifier recommended — not yet obtained | ☐ | ☐ | ☐ |
| 24. Progress 15/10: VHI-10 18/40; GRBAS G1 R1 B1; ↓ end-of-day fatigue; still hoarse by Friday | ☐ | ☐ | ☐ |
| 25. Pt anxious about losing voice for job; motivated | ☐ | ☐ | ☐ |
| 26. Pt complained about cost of hospital parking | ☐ | ☐ | ☐ |
| 27. Pt prefers late-afternoon appts (after 4 pm, after school) | ☐ | ☐ | ☐ |

Plan

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|--|--------------------------|--------------------------|--------------------------|
| 28. Transfer to community voice clinic: continue therapy weekly-fortnightly; progress resonant voice → carryover into connected speech and classroom voice | ☐ | ☐ | ☐ |
| 29. Reinforce vocal hygiene; support pt to obtain voice amplifier; discuss reducing choir load until ENT review | ☐ | ☐ | ☐ |
| 30. Red flags: stridor or acute breathing difficulty → immediate emergency assessment (call ambulance if indicated); worsening hoarseness despite therapy, throat pain, dysphagia or haemoptysis → urgent medical/ENT review | ☐ | ☐ | ☐ |
| 31. Please send progress report to Dr Sahin before ENT review (late Nov) | ☐ | ☐ | ☐ |
| 32. Copies of assessment and session notes enclosed | ☐ | ☐ | ☐ |