

## **How to contact The Department of Social Care**

Middlesbrough and Redcar & Cleveland Adult Social care can be reached at the Single Point of Access on Tel 01642 065070

Comments, Complaints and Compliments can be made via our Patient Advice and Liaison Team (PALS).

PALS offers 1-1 support and advice if you have issues to raise about healthcare such as concerns, queries or suggestions. The PALS team is based at James Cook University Hospital and can be contacted on;  
Freephone 0800 028 2451  
Email: [PALS@stees.nhs.uk](mailto:PALS@stees.nhs.uk)  
Text: 07799893806

# **South Tees Community Therapy Team**

## **Information for Patients and Carers**

Working in partnership:  
Middlesbrough Council Department of Social Care,  
Redcar & Cleveland Council Department of Social Care

**What do we do?**

The team provides a home-based rehabilitation service to adult residents (18 and over) throughout the Middlesbrough, Redcar and Cleveland Community Services catchment area.

We aim to:

Provide rehabilitation in your own environment

Support you following discharge from hospital

Prevent you having to be admitted to hospital

Following assessment, we may make regular visits to work with you on an agreed treatment plan. The service is time limited and you will be discharged when you have met the agreed goals.

**Who are we?**

The team consists of Physiotherapists, Occupational Therapists and Therapy Assistants.

**Who do we work with?**

We work with adults following illness, injury or change of ability who require rehabilitation e.g. following a stroke. We also help to support families and carers with advice and education.

**What happens during an appointment?**

At the first visit, you will be assessed by the most appropriate member of the team. Should you require further treatment, this will be explained and planned with you. Further visits may be made by a team member who will work with you according to the agreed treatment plan, this will be reviewed regularly depending on your progress.

**Physiotherapist Name and Phone Number**

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**Occupational Therapist Name and Phone Number**

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**Further Appointments**

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