

Please complete and forward to :

**Physiotherapy Team
Pain Clinic
James Cook University Hospital
Marton Road
Middlesbrough
TS3 4BW**

Your patient will receive an appointment through the post.

Explain Pain Referral Form	
Patient Details	
Name	DOB
NHS No.	
Address	
Tel No.	Registered GP
Referring Physiotherapist Name	Please tick Community () Secondary Care ()
Tel no.	
Diagnosis / Area of pain & duration	

Note: Explain Pain sessions run on a Monday from **9am to 10.30am** and **10.30am to 12pm**

For enquiries about availability please ring 01642 282671