



Exercise Referral Programme Registration Form – Health Professionals

To register your department please complete the details below for every health professional that will be authorised as a referrer to the Exercise Referral Programme and return to: Healthwiseyork@gll.org

I/We have read the “*Exercise Referral Programme: Protocol for Health Professionals*” and agree to comply with the referral criteria and patient enrolment process.

Department:
 Lead Health Professional:
 Signature:
 Address:

 Telephone Number:
 Email Address:

Name of Health Professional	Email Address	Job Title	Date	Healthwise Newsletter
				✓ x

Please continue on additional sheet if necessary.
 New staff may be added using this form at a later date.
 For further information call 01904 403917.