

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	Job Title	Date

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.