



Exercise Referral Programme Registration Form – Health Professionals

To register your practice and each primary care practitioner who will be authorised as a referrer to the Healthwise Exercise Referral Scheme, please complete the details below and return to:

Kelly McTighe (Exercise Referral Coordinator) – healthwiseYork@gll.org

I/we have read the Exercise on Referral Manual and agree to comply with the stated referral criteria and patient enrolment process.

Practice/Department.....

Lead GP/ Health Professional:

Signature:

Address:
.....

Telephone Number:

Email Address:

Name of practitioner	Job Title	Date

Please continue on additional sheet if necessary