



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HAMPSHIRE REGIONAL YMCA PRESCRIBE THE Y REFERRAL FORM

STEP 1: Medical provider signs the referral form for the patient.

STEP 2: Patient contacts the YMCA Wellness department to schedule an initial intake.

STEP 3: Patient brings signed referral form to the intake with a Y Wellness staff person.

Together they complete the intake and activate the patient's YMCA membership.

PROVIDER

Clear with following restrictions: _____

Provider Signature: _____

PATIENT

First Name: _____ Last Name: _____

Email: _____

Phone: _____

Your Doctor's Name: _____

I agree and request that the information on this form be released to the Hampshire Regional YMCA for the purpose of referring me to a wellness program. I have the right to revoke this authorization at any time by writing to the healthcare provider I have listed on this form, except to the extent that action has already been taken based on this authorization.

Patient Signature: _____ Date: _____



CONTACT US!
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TO LEARN MORE
SCAN HERE!