

Physician's Consent Form

Patient's Name: _____

Trainer's Name _____

Your patient has decided to either start, or continue her exercise program throughout her pregnancy. This program meets all ACOG guidelines.

The program includes:

- Resistance training for strength and endurance
- Core/abdominal stability and integrity
- Pelvic awareness
- Safe and conservative flexibility training

Please confirm your consent, add any other recommendations, and contact me at any time. I greatly appreciate your cooperation: _____

Physician's Name: (please print) _____

Signature: _____ **date:** _____

Please fax/email to: _____
