



## Prenatal Exercise Physician's Consent Form

Your patient decided to take part in a prenatal personal training program. I have been educated in pre and postnatal training and program design by AFPA/ ProNatal Fitness. The program I would be conducting with your patient meets all ACOG Guidelines and includes:

- ☐ Postural deep core training to prevent pregnancy pains, prepare for pushing and expedite recovery
- ☐ Postural and alignment work to prevent pains/injuries/falls
- ☐ Functional Strength Training to prevent/reduce pregnancy pains and prepare for the activities of parenthood
- ☐ Safe cardiorespiratory conditioning to reap health benefits and prepare for the energetic demands of labor
- ☐ Education to help clients prepare for birth and the postpartum period

Your patient's safety is my utmost priority. Please indicate below if your patient has permission to begin this personal training program and note if you have any specific guidance or restrictions for this patient.

\_\_\_\_\_(Patient's Name) has my permission to engage in personal training

Physician's name(please print)\_\_\_\_\_ Phone:\_\_\_\_\_

Physician's Signature\_\_\_\_\_ Date:\_\_\_\_\_

Please add any specific recommendations or considerations to keep in mind for this patient:

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