



## Postnatal 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:

- ☐ Core recovery work to heal the traumatized tissues of the core and pelvic floor after birth
- ☐ Postural and alignment work to expedite healing
- ☐ Functional Strength Training especially in relation to physical activities of parenthood
- ☐ Safe and effective aerobic and strength training to gradually get back to favorite activities

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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