

Physician Consent Form

Prenatal and Postpartum Programs

Physicians/midwives, give a copy of this form to your patient and fax a copy to (727) 298-6748.

Physician/Midwife: _____ Phone: _____

Patient: _____ Phone: _____

Your patient has decided to start or continue her exercise program throughout her pregnancy at a BayCare Fitness Center. Our programs meet all guidelines from the American College of Obstetricians and Gynecologists. Our prenatal and postpartum programs may include any or all of the following:

- Breathing, core with pelvic floor
- Aerobic exercise
- Balance exercises
- Flexibility
- Corrective exercise
- Posture
- Yoga

Physician's comments/suggestions/restrictions: _____

Physician's signature: _____ Date: _____

Physician's office phone: _____

