



Prenatal Consent Form

Dear Healthcare Provider,

_____ (Patient's name) has decided to take part in a prenatal exercise program. Our program is designed based on principles of proper prenatal training and includes the following:

- Participation in ACOG's recommended 150 minutes of moderate intensity exercise per week
- Functional strength/resistance training with pregnancy appropriate modifications
- Aerobic training
- Prenatal yoga

By signing this form you also attest, to the best of your understanding, that your patient does not have any of the following absolute contraindications to exercise during pregnancy according to ACOG:

- Hemodynamically significant heart disease
- Restrictive lung disease
- Cervical insufficiency or cerclage
- Multiple gestation at risk of premature labor
- Persistent second or third trimester bleeding
- Placenta previa after 26 weeks of gestation
- Premature labor during current pregnancy
- Ruptured membranes
- Pre-eclampsia or pregnancy-induced hypertension
- Severe anemia

Your patient's safety is our utmost priority. We will always ensure she is listening to her body and working at a level that is safe and appropriate.

_____ (Patient's name) has my permission to participate in this exercise program.

Physician's name (please print): _____

Physician's signature: _____

Date: _____

Office phone number: _____

Provide any additional information and/or recommendations below.

Please do not hesitate to email info@bumpfitnessclub.com for any questions or concerns.