

## Physician's Consent Form – Pre/Post Natal

Patient's Name: \_\_\_\_\_

Trainer's Name: Jennifer Hessmer

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
- \*Safe and conservative flexibility training
- \*Pelvic awareness

Please confirm your consent, add any additional recommendations, and contact Jennifer (917-721-0486) at any time. We greatly appreciate your cooperation.

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Physician's Name: \_\_\_\_\_

Physician's Consent: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax to: Jennifer at 908-301-0649.

## **Health/Medical Information**

**Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Are you pregnant? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Have you been pregnant? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ **When?:** \_\_\_\_\_

**What physical activities do you enjoy most? Do you play any sports? Did you play any sports through high school or college?**

**What has been your activity level the past 6 weeks? And the past 6 months? How often do you exercise for at least 30 minutes?**

**Any history of injuries or illness? Orthopedic concerns?**

**What do you want to focus on?**

Weight loss:

Reduce risk of Disease:

Strength Gains:

Cardiovascular Health:

Stress Relief:

Improve Energy Level:

Flexibility:

Exercise more regularly:

Injury Rehabilitation:

Improve Balance and Coordination:

Improve Eating Habits:

Greater Motivation:

Sports Specific Training:

Other: