



# active moms' CLUB<sup>SM</sup>

## Physician's Approval Form – Postnatal

Dear Doctor,

I desire to start a exercise program here in Chicago called **ACTIVE MOMS' CLUB** "From the Core: Postnatal Recovery" class. The classes are taught using the most recent ACOG guidelines and are instructed by nationally certified fitness professionals. The six week progressive class consists of corrective exercises that will help strengthen my pelvic floor, lower back and abdominals. I would like your approval to begin this program. I thank you for your support in my health.

### PATIENT INFO:

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

### PLEASE RETURN THIS FORM TO active moms' CLUB<sup>SM</sup>

- Fax: (AMC's office 773-687-9905) or, \_\_\_\_\_
- Address: \_\_\_\_\_
- Client will pick up at office

### TO BE COMPLETED BY PHYSICIAN

I give *(patient's name)* \_\_\_\_\_ my approval to participate in this program \_\_\_\_\_

Name of physician \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

### a note FROM active moms' CLUB...

Thank you in advance for supporting your client's desire to join **active moms' CLUB** "From the Core: Postnatal Recovery" class. Should you have any questions, please don't hesitate to contact us. Additionally, please let us know if you would like further information on our pre- and postnatal programs for your patients.