



active moms' CLUBSM

Physician's Approval Form – Prenatal

Dear Doctor,

I desire to start a new exercise program here in Chicago called ACTIVE MOMS' CLUB Small Group Prenatal Training. The training sessions are taught using the most recent ACOG guidelines and are instructed by nationally certified fitness professionals. The sessions consist of light cardio, core conditioning and flexibility exercises. 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' CLUBSM

- 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 Prenatal Training program. 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.