



active moms' CLUBSM

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' 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** "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.