



## PRENATAL MEDICAL RELEASE

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

Dear Doctor,

Your patient, \_\_\_\_\_, wishes to start a personalized prenatal fitness program.

**This exercise program will involve the following activities:**

Strength training with machines and free weights (barbells & dumb bells), cardio vascular exercise: treadmill, elliptical fitness trainer, core stability work, some balance and functional training, along with stretching.

**\*\*\*If your patient is taking medications or has any medical conditions that will affect the type of exercise program or their heart-rate response to exercise**, please indicate the manner of effect (raises, lowers, has no effect on heart-rate response):

**Type of medication(s):** \_\_\_\_\_

**Condition:** \_\_\_\_\_

**Effect(s):** \_\_\_\_\_

**\*\*\* Please identify any recommendations or restrictions that are appropriate for your patient in an exercise program:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please feel free to contact me personally to discuss any particulars that might be important as well as your recommendations &/or restrictions, as my goal is for your patient to have a successful experience. Thank you.

Sincerely,

Lisa Dougherty

MedFit at Gratitude Ranch ([gratituderanch.org](http://gratituderanch.org))

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\_\_\_\_\_ has medical approval to participate in fitness activities and exercise programs with the recommendations or restrictions stated above.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Address

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

\_\_\_\_\_  
Physician's Phone