

# Physician Consent Form for Prenatal Yoga Participation

Contraindications for Prenatal Exercise:

| Absolute Contraindications   | Yes | No | Relative Contraindications   | Yes | No |
|--|-----|----|--|-----|----|
| <i>Does the patient have:</i>  |     |    | <i>Does the patient have:<br/>(These indications must be discussed in depth with caregiver prior to starting any exercise program)</i> |     |    |
| 1. Ruptured membranes or premature labor?  |     |    | 1. History of spontaneous abortion or premature labor?   |     |    |
| 2. Persistent second/third trimester bleeding/placenta previa?   |     |    | 2. Mild/moderate cardiovascular or respiratory disease?  |     |    |
| 3. Pregnancy induced hypertension, pre-eclampsia or toxemia?   |     |    | 3. Anemia or iron deficiencies? (Hb < 10 g/dl)?  |     |    |
| 4. Incompetent cervix?   |     |    | 4. Very low body fat, eating disorder (anorexia, bulimia)?   |     |    |
| 5. Evidence of intrauterine growth retardation?  |     |    | 5. Twin pregnancy after 28 <sup>th</sup> week?   |     |    |
| 6. Multiple pregnancy of 3 or more?  |     |    | 6. Other significant medical condition?  |     |    |
| 7. Uncontrolled Diabetes Type I, hypertension or thyroid disease, other serious cardiovascular, respiratory or systemic disease? |     |    | Please specify:  |     |    |
| <b>PHYSICAL ACTIVITY/PRENATAL YOGA RECOMMENDATION</b>  | Yes | No | Comments:  |     |    |

I, \_\_\_\_\_ PLEASE PRINT (Patient's Name), have discussed my plans to participate in a prenatal yoga class during my current pregnancy with my physician and I have obtained his/her approval to begin participation.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Patient's signature)

Name of Physician: \_\_\_\_\_ M.D. Physician's Comments: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ M.D.  
(Physician's Signature)