

Pilates with Teresa

Teresa Maldonado Marchok, MPT

150 Wortham Court

Mountain View, CA 94040

650-996-1134

Doctor's Consent Form for Prenatal Exercise

Patient's full name _____

Patient's Date of Birth _____

The above named person wishes to take part in Pilates with Teresa, private or semi-private Pilates based exercise sessions administered by a physical therapist and safely geared toward pre and postnatal women.

Doctor's Recommendation (please tick):

- The above named person is able to participate in exercise.
- The above named person should not participate in exercise.
- The above named person is able to participate in exercise, but with the following restrictions/recommendations:

Doctor's name _____

Doctor's signature _____

Date _____ Gestational week as of this date _____