



# **next step fitness, inc.**

## OBSTETRICIAN/MIDWIFE CONSENT FORM

Date:

Dear Dr./CNM:

Your patient \_\_\_\_\_ is participating in a perinatal fitness program offered by Next Step Fitness, Inc. Every attempt will be made to ensure that your patient receives accurate information and safe, supervised exercise training. To ensure the safety of the participant, please respond to the following questions.

Is there any reason your patient should not participate in a supervised exercise program?

The program will be lead by a nationally certified Physician Assistant, certified American College of Sports Medicine Exercise Specialist® and Healthy Moms Certified Perinatal Fitness Instructor®. The programs adhere to the current guidelines of perinatal fitness as stated by the American College of Obstetrics and Gynecology. Are there any specific exercises or movements that you recommend **your** patient not to perform? Are there any movements or exercises that **you** specifically prohibit?

Next Step Fitness, Inc. is pleased to provide exercise training to your patient. I look forward to working with you and if there is any other information or service that I can provide, please feel free to contact me.

Thank You.  
Sincerely,

Darline F. Turner-Lee, MHS, PA-C, ACSM Exercise Specialist  
Next Step Fitness, Inc.  
P.O. Box 151797  
Austin, TX 78715  
(512) 299-0827 (phone/fax)  
mail@nextstepfitness.com  
www.nextstepfitness.com

MD/CNM Signature \_\_\_\_\_