



Prenatal Yoga Patient Consent

I, _____, request enrollment in the maternity class called "Prenatal Yoga." I certify that I have discussed the benefits and risks of the class with this physician and have obtained the approval of my treating physician to participate. I agree to keep my physician informed of the effects of this class on my body and to obtain permission to continue participation on a monthly basis. I also understand that there is no requirement to perform all the exercises and that I can withdraw from this class at any time.

During this class, I also agree to limit my activity to a level that is comfortable for me and to stop all activity immediately if I become lightheaded, nauseous, feel faint or uncomfortable. I will notify the class instructor and my physician if the class activity causes any discomfort, spotting, or swelling of the hands, legs, or feet. I understand that all forms of exercise involve some risk of injury.

Printed Participant Name

Signature of Participant

Date

TREATING PHYSICIAN SECTION

I have reviewed the information on the maternity fitness class entitled "Prenatal Yoga." I have discussed with my patient, _____, the benefits and risks of participation and have assessed her ability to safely perform the exercises involved. I approve my patient's participation in this class and will re-assess this approval during each trimester that she wishes to participate.

Weeks Gestation: _____ (**extremely important** during participation)

Please list any restrictions that this patient should have during class.

_____.

Printed Treating Physician Name

Telephone Number

Signature of Treating Physician

Date

28120 Tomball Parkway- Tomball, TX 77375- 281.351.6300

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