



**LEGACY PILATES, YOGA & MORE**  
 16939 Wright Plz #129, Omaha, NE 68130  
**402-502-9772**  
 www.MindBodyPrograms.com  
 Vital programs to enhance your lifestyle.



**Physician Approval Form for Exercise**

Dear: \_\_\_\_\_:

RE: Patient \_\_\_\_\_, DOB \_\_\_\_\_, Phone \_\_\_\_\_  
 wants to start an exercise program with us. **Your patient has disclosed specific health risk factors while completing our Health History Questionnaire.** The exercise program may involve stabilization, posture awareness and core strengthening (abdominals, low back, gluteals, adductors), Pilates equipment with attached pulleys and springs, Yoga, Tai Chi, Breathing Practices, Meditation, Weight Training, Prenatal Yoga and other fitness modalities. We teach these programs from a mindful, traditional perspective that **challenges the body in a gentle, yet progressive and powerful way.** Muscle endurance and strength, cardiorespiratory function and flexibility are improved through these approaches to exercise. **We challenge the body but, do not force or push it.**

*We ask that you please provide your medical opinion and recommendations concerning his/her participation in an exercise program.*

I approve and authorize this patient to take part in this exercise program while adhering to the following **recommendations or restrictions:**

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

I **APPROVE** and authorize this patient to take part in this exercise program.

I **DO NOT** approve and authorize this patient to take part in this exercise program.

Physician Name \_\_\_\_\_

Physician Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

**Please fax to 402-502-9772. Thank you for your assistance.**