

**Kristan Mosley's Therapy Farm**  
People and Animals Working Together  
Kristan Trettel Mosley OTR/L  
412-523-1316  
[kristankay@hotmail.com](mailto:kristankay@hotmail.com)

**Patient's Consent for Release of Information**

I hereby authorize the clinician listed below to release information from the records of  
(Patient's Name)

Name: \_\_\_\_\_ Sign: \_\_\_\_\_

(Date of Birth)\_\_\_\_\_

The information is to be released to Kristan Mosley, OTR/L for the purpose of developing an occupational therapy program for the above named patient. The information requested is marked below.

- \_\_\_ Medical History
- \_\_\_ Physical Therapy
- \_\_\_ Occupational Therapy
- \_\_\_ Speech Therapy
- \_\_\_ Psychosocial
- \_\_\_ Cognitive-Behavioral Services

Please list contact information of current physicians/clinicians, including address, phone, fax or email.

Clinician Name/Profession

Contact Information

Please send information to

Kristan Mosley's Therapy Farm, LLC.  
510 Sunset Lane  
McDonald, PA 15057  
412-523-1316