

Kristan Mosley's Therapy Farm
People and Animals Working Together
Kristan Trettel Mosley OTR/L
510 Sunset Lane
McDonald, PA 15057
412-523-1316
kristankay@hotmail.com

Patient Name: _____ Date: _____ Patient Age: _____

Diagnosis: _____

Precautions: _____

PRESCRIPTION

Occupational Therapy evaluation by Kristan Mosley's Therapy Farm, LLC. If this patient is deemed appropriate for treatment at the time of evaluation, patient is to receive out-patient occupational therapy. Please indicate areas to address.

- **ADLS**
- **Safety**
- **Family Education**
- **Upper Extremity Management**
- **Functional Transfers**
- **DME Evaluation**
- **Cognitive/Perceptual**
- **Home Management**
- **Strengthening**
- **Community Re-entry**

___X/week for ___ weeks

Physician's Signature: _____

Date: _____

Email: _____

Physican's phone and fax number: _____