## Exit Summary and Plan

## Post Intervention Therapy (PIT) Funding (All items MUST be completed or forms will be return)



Child					
RCH MRN:	D.O.B:				
Given Name:	Surname:				
Address:					
Reason for Exit from program	m: *information in brackets relates to VINAH data collection				
Post Intervention Therapy funding exhausted. (completed) [1]  No further physiotherapy intervention required. (completed) [1]  Client turned 18 years of age (did not complete: non medical) [3]  Deceased (did not complete: medical client not readmitted) [5]					
			Other (did not complete: m	edical client not readmitted) [5]	
			Exit plan:		
			Physiotherapy ongoing with physiotherapist (not funded through PIT)  No further physiotherapy required at this time		
Ongoing physiotherapy requ	uired but no funding available				
Physiotherapy ongoing with	a different Physiotherapy services (please specify)				
Outstanding issues/concerns:					
Date of exit from program:					
PHYSIOTHERAPIST					
Name:	Agency:				
Date:	Signature of applicant:				
OFFICE USE:					
Entered on Care manager					
Active List Updated					