

# Extension of Funds Application Form Post Intervention Therapy (PIT) Funding



RCH MRN:

D.O.B:

Given Name:

Surname:

Surgery Type:

Date of Surgery:

GMFCS:

Usual FMS:

Current FMS:

**Overall, in the service providers opinion, has the child's post-surgical function:**

Exceeded Expectations

Met Expectations

Fallen Below Expectations

Other factors affecting health/rehabilitation: (e.g complex behavior, post-op complications)

**Future physiotherapy goals requiring PIT Funding:**

Number of hours requested over 3 months

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**Physiotherapist to provide PIT**

Name :

Agency:

Address:

Telephone:

Faxsmile:

ABN:

Date:

E-mail:

Signature of applicant:

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**OFFICE USE:**

Date Received:

Category:

Hours Approved:

Months:

Total \$

Existing hours remaining:

Signature:

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**Please return to:**

PIT Coordinator | Physiotherapy Department | The Royal Children's Hospital  
50 Flemington road, Parkville VIC 3052 Tel: 03 9345 9300 Fax: 03 9345 5034