



## SBIRT 60-Day Follow-up Appointment Agreement

Thank you for participating in Screening, Brief Intervention, and Referral to Treatment (SBIRT). As part of your consent to SBIRT services, you were informed about participating in a follow-up screening 60 days after completion of our intervention and/or treatment. This follow-up can be helpful to you by reviewing your health and well-being, including any substance use. Follow-up interviews conducted with all people allow evaluation of how well the program is working for the people we serve. The interview will be brief (around 15 minutes) and you will be asked questions about your health, substance use, and services you may have needed or received.

As indicated in your signed consent form, your participation in all SBIRT services, including the follow-up, is voluntary and all information provided will remain in confidence and secured by your SBIRT provider.

This form indicates the date that you and the SBIRT staff member decided upon as a date for your 60 day follow-up. You may receive a courtesy call prior to that date as a reminder and to confirm your visit. If you are unable to participate in person, arrangements for a telephone call at a telephone number you provide to us may be coordinated.

Your signature on this form indicates that you understand the request for the follow-up appointment and that you voluntarily agree to attend that appointment on that date and time.

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**Your Follow-Up Appointment Is:**

Date: \_\_\_\_\_ (month/day/year)

Time: \_\_\_\_\_ Day of the Week: \_\_\_\_\_ (S, M, T, W, R, F, S)

Location for your follow-up appointment: \_\_\_\_\_

Number to call for questions about your appointment: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

My signature below indicates that I have read the above information and understand my rights as a voluntary participant, and that I agree to participate in an SBIRT 60-day follow-up on the indicated date and time.

\_\_\_\_\_  
Signature of SBIRT Service Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of SBIRT Staff Witness

\_\_\_\_\_  
Date