



INDIVIDUALIZED RECORD AND PLAN

CLIENT ID	
DATE	

PROVIDER ORGANIZATION	
SBIRT STAFF MEMBER	
STAFF CONTACT INFO	

CLIENT DEMOGRAPHICS	
DATE OF BIRTH	_____ / _____ / _____
GENDER	_____ FEMALE _____ MALE
RACE / ETHNICITY	_____ African American _____ Asian _____ Caucasian _____ Hispanic _____ Haitian / Caribbean _____ Native American _____ Other

CLIENT SCREENING & ASSESSMENT RESULTS	
NEGATIVE SCREEN	
POSITIVE SCREEN	
ASSESSMENT RESULTS	

PLANNED INTERVENTIONS			
BRIEF INTERVENTION		NUMBER OF SESSIONS	
BRIEF THERAPY		NUMBER OF SESSIONS	
TREATMENT REFERRAL(S)			
OTHER			

CLIENT PROGRESS: (INTERVENTIONS & TREATMENT COMPLETED / SERVICES RECEIVED)

CLIENT SIGNATURE		DATE	
STAFF SIGNATURE		DATE	