

SBIRT PROVIDER CHECKLIST

Patient Name:

Date:

For Provider Use Only:

	Counseled to continue abstinence
	Counseled to continue healthy use of alcohol
	Patient engages in moderate risk alcohol use, counseled to reduce use/stop, follow up scheduled
	Patient engages in high risk alcohol use, referred for substance abuse evaluation, follow up scheduled
	Patient engages in active substance use, counseled to stop use, follow up scheduled
	Patient engages in active substance use, referred for substance abuse evaluation, follow up scheduled
	Patient engages in inappropriate use of prescription medication, medication education completed, followed up scheduled