SBIRT IN PRIMARY CARE

SBIRT Monthly Data Reporting Form

The SBIRT Monthly Data Reporting Form (example shown below) is a customizable Excel spreadsheet for tracking SBIRT implementation in your practice.

Download the template from the Mosaic Group website:

SBIRT Monthly Data Reporting Form

SBIRT Monthly Data Report Form

Institution Name:	
Site Name and/or Location:	
Month and Year:	
Completed By:	

Adult Patients (18+)

CATEGORY	TOTAL	DESCRIPTION
No. of Unique Patients Seen this Month		Total number of individual (non-duplicate) patients seen the past month.
No. of Patient Encounters this Month		Total number of patient visits/encounters the past month.
No. of SBIRT-Eligible Patients this Month		Total number of visits that qualify for SBIRT (Medicare AWV, annual physical, or new-patient visit).
No. of SBIRT Screens Completed this Month		Total number of SBIRT screening forms completed fully (all alcohol and drug questions answered).
No. of Positive SBIRT Screens		Total number of patients who screened positive — AUDIT-C ≥ 4 or any drug-use question marked "YES."
No. of Brief Interventions		Total number of brief interventions completed and documented (SBIRT form shows "Brief Intervention Complete = YES").
No. of Referrals to Treatment		Total Number of referrals made to a community substance-use treatment provider ("Referral to Treatment = YES").
No. of Linkages to Treatment (If Tracking)		Total number of referred patients who attended their first appointment with the treatment provider.