BIRP NOTES TEMPLATE

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1 Patient Information

1 PATIENT DETAILS

Name:		Date of Service:	
DOB / Age / Sex:		Provider:	
Session Type:		Duration:	

CC Chief Complaint

1 PRIMARY CONCERN ADDRESSED

Primary concern addressed during the session in concise clinical terms...

B Behavior

2 OBSERVED & REPORTED BEHAVIORS

Patient-reported symptoms and concerns, observable behaviors during session, emotional presentation (anxious/withdrawn/agitated), functional impact, pertinent negatives (SI/HI denied if applicable)...

I Intervention

3 THERAPEUTIC & BEHAVIORAL INTERVENTIONS PROVIDED

Techniques used (CBT/DBT/behavioral modification), skills introduced or practiced, psychoeducation provided, redirection/prompting/reinforcement strategies if applicable...

R Response

4 PATIENT RESPONSE TO INTERVENTIONS

Level of engagement and participation, receptiveness to techniques, behavioral or emotional changes during session, progress or resistance observed...

P Plan

5 NEXT STEPS

Continue or modify treatment approach / assign skills or homework / referrals / coordination of care / safety planning if needed...

F Follow-Up

6 NEXT SESSION & MONITORING PLAN

Timeframe for next session & monitoring plan: ____________________

TIME DOCUMENTATION & BILLING

Total Time:	____________	CPT Code:	____________
Counseling Time:	____________	Basis:	____________
Primary Dx Code:	____________	Secondary Dx Code(s):	____________

PROVIDER NAME	CREDENTIALS	DATE & TIME
____________	____________	____________