

BIRP Note Template

Patient Information

First Name _____ Last Name _____

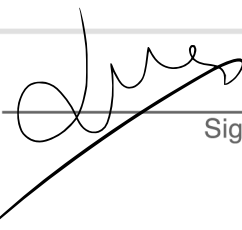
Date of Birth _____ Date _____

Behaviour

Intervention

Response

Plan

 _____
Signature