**CAG GROUP MEMBERSHIP REGISTER: Three Member Group**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinic Name:** |  | **CAG Group Number:** |  | **CAG Supervisor Staff ID Number:** |  | **CAG Leader****Name:** |  |
| **CAG Leader****Mobile Number:** |  |
|  |
| **ART ID** | **First Name** | **Surname** | **Sex****(M/F)** | **DOB****(DD/MM/YY)** | **Mobile Number 1** | **Mobile Number 2** | **Date joined CAG****(DD/MM/YY)** | **Scheduled clinic visit 1****(DD/MM/YY)** | **Scheduled clinic visit 2****(DD/MM/YY)** | **Date permanently left CAG1****(DD/MM/YY)** |
|  | **Member** | **1** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 01 /17  | 01 / 07 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **2** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 02 /17  | 01 / 08 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **3** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 03 /17  | 01 / 09 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **1** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | **D** 01 / 04 /17  | **D** 01 / 10 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **2** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | **D** 01 / 05 /17  | **D** 01 / 11 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **3** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | **D** 01 / 06 /17  | **D** 01 / 12 /17  | \_ \_ / \_ \_ /\_ \_ |
|  |  |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ |
|  |  |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ |

1If patient permanently leaves CAG, fill out Event Form

**D**= Drug pick-up only

**CAG GROUP MEMBERSHIP REGISTER: Four Member Group**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinic Name:** |  | **CAG Group Number:** |  | **CAG Supervisor Staff ID Number:** |  | **CAG Leader****Name:** |  |
| **CAG Leader****Mobile Number:** |  |
|  |
| **ART ID** | **First Name** | **Surname** | **Sex****(M/F)** | **DOB****(DD/MM/YY)** | **Mobile Number 1** | **Mobile Number 2** | **Date joined CAG****(DD/MM/YY)** | **Scheduled clinic visit 1****(DD/MM/YY)** | **Scheduled clinic visit 2****(DD/MM/YY)** | **Date permanently left CAG1****(DD/MM/YY)** |
|  | **Member** | **1** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 01 /17  | 01 / 07 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **2** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 02 /17  | 01 / 08 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **3** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 03 /17  | 01 / 09 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **4** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 04 /17  |  01 / 10 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **1** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | **D** 01 / 05 /17  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **2** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | **D** 01 / 06 /17  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **3** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | **D** 01 / 11 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **4** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | **D** 01 / 12 /17  | \_ \_ / \_ \_ /\_ \_ |

1If patient permanently leaves CAG, fill out Event Form

**D**= Drug pick-up only

**CAG GROUP MEMBERSHIP REGISTER: Five Member Group**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinic Name:** |  | **CAG Group Number:** |  | **CAG Supervisor Staff ID Number:** |  | **CAG Leader****Name:** |  |
| **CAG Leader****Mobile Number:** |  |
|  |
| **ART ID** | **First Name** | **Surname** | **Sex****(M/F)** | **DOB****(DD/MM/YY)** | **Mobile Number 1** | **Mobile Number 2** | **Date joined CAG****(DD/MM/YY)** | **Scheduled clinic visit 1****(DD/MM/YY)** | **Scheduled clinic visit 2****(DD/MM/YY)** | **Date permanently left CAG1****(DD/MM/YY)** |
|  | **Member** | **1** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 01 /17  | 01 / 07 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **2** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 02 /17  | 01 / 08 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **3** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 03 /17  | 01 / 09 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **4** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 04 /17  |  01 / 10 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **5** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ |  01 / 05 /17  | 01 / 11 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **1** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | **D** 01 / 06 /17 | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **2** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | **D** 01 / 12 /17 | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **3** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **4** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **5** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ |

1If patient permanently leaves CAG, fill out Event Form

**D**= Drug pick-up only

**CAG GROUP MEMBERSHIP REGISTER: Five Member Group**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinic Name:** |  | **CAG Group Number:** |  | **CAG Supervisor Staff ID Number:** |  | **CAG Leader****Name:** |  |
| **CAG Leader****Mobile Number:** |  |
|  |
| **ART ID** | **First Name** | **Surname** | **Sex****(M/F)** | **DOB****(DD/MM/YY)** | **Mobile Number 1** | **Mobile Number 2** | **Date joined CAG****(DD/MM/YY)** | **Scheduled clinic visit 1****(DD/MM/YY)** | **Scheduled clinic visit 2****(DD/MM/YY)** | **Date permanently left CAG1****(DD/MM/YY)** |
|  | **Member** | **1** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 01 /17  | 01 / 07 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **2** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 02 /17  | 01 / 08 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **3** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 03 /17  | 01 / 09 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **4** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 04 /17  |  01 / 10 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **5** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ |  01 / 05 /17  | 01 / 11 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **6** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ |  01 / 06 /17 | **C** 01 / 12 /17 | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **7** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | **C** 01 / 06 /17 |  01 / 12 /17 | \_ \_ / \_ \_ /\_ \_ |
|  |  |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ |
|  |  |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ |
|  |  |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ |

1If patient permanently leaves CAG, fill out Event Form; **C**= Clinical visit only

**CAG GROUP MEMBERSHIP REGISTER: Five Member Group**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinic Name:** |  | **CAG Group Number:** |  | **CAG Supervisor Staff ID Number:** |  | **CAG Leader****Name:** |  |
| **CAG Leader****Mobile Number:** |  |
|  |
| **ART ID** | **First Name** | **Surname** | **Sex****(M/F)** | **DOB****(DD/MM/YY)** | **Mobile Number 1** | **Mobile Number 2** | **Date joined CAG****(DD/MM/YY)** | **Scheduled clinic visit 1****(DD/MM/YY)** | **Scheduled clinic visit 2****(DD/MM/YY)** | **Date permanently left CAG1****(DD/MM/YY)** |
|  | **Member** | **1** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 01 /17  | 01 / 07 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **2** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 02 /17  | 01 / 08 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **3** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 03 /17  | 01 / 09 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **4** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 04 /17  |  01 / 10 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **5** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ |  01 / 05 /17  | 01 / 11 /17  | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **6** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ |  01 / 06 /17 | **C** 01 / 12 /17 | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **7** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | **C** 01 / 06 /17 |  01 / 12 /17 | \_ \_ / \_ \_ /\_ \_ |
|  | **Member** | **8** |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | 01 / 06 /17 | 01 / 12 /17 | \_ \_ / \_ \_ /\_ \_ |
|  |  |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ |
|  |  |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ | \_ \_ / \_ \_ /\_ \_ |

1If patient permanently leaves CAG, fill out Event Form; **C**= Clinical visit only