**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