**CAG Model of Care Enrollment Form**

**Part 1: General**

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| 3. | Date of enrollment (DD/MM/YY): \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ |
| 4. | Enrolled by:  |
| 5. | Clinic Name:  |
| 6. | Patient First Name:  |
| 7. | Patient Surname: |
| 8. | ART ID:  |
| 9. | Sex (M/F):  |
| 10. | Date of Birth (DD/MM/YY): \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ |
| 11. | Patient Mobile Number 1:  |
| 12. | Patient Mobile Number 2:  |

**Part 2: CAG Model**

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| 1. | What type of enrollment is this?🞏 Patient was invited to participate by clinic staff (Go to Question 2)🞏 Patient was invited to participate by someone who is already enrolled in a CAG (Do not answer Question 2. SKIP to Question 3) |
| 2. | a. | If patient was invited by clinic staff, ask the patient*:* ***To enter this program, people with HIV need to be on ARVs for at least 6 months AND feel healthy. Do you have any friends in your community that you think meet these requirements AND whom you would like to invite to be in a CAG with you?*** 🞏 Yes 🞏 No  |
|  |  | ii. | If yes, then ask the patient: ***Can you tell me how many people you think you might invite?*** \_\_\_\_\_\_\_\_\_\_ Number of people |
| 3. | Ask the patient: ***Can you describe how to get to your house from clinic?***Please provide very detailed directions on how to reach the patient's house from the clinic **DESCRIPTION:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**MAP:** |
| 4 | Based on the patient’s description, what is the name of the neighborhood this patient lives in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | Ask the patient: ***What name do you go by in your neighborhood? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

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