

Family Support Group Register

"Enter every member of the Family Support Group into this register at his/her 1st visit. Each member of a family (including children and infants) should be entered on separate lines. Update the register at each subsequent visit in the "Follow-Up Section".

Participant Information										Family Planning		Maternal Care	HIV Care			If Client is HIV-Exposed Infant		HIV Status of Children (if client is adult)				Other Services Accessed		FOLLOW-UP SECTION										COMMENTS					
Serial No	Date of Enrollment	Name	Sex	Age at enrollment	Client Phone	Relationship to Index Client	First-time attendance or re-enrollment?	HIV Status at enrollment	Disclosure Status (if HIV+)	Entry Point (ANC, PNC, EID Care Point, Community, etc.)	Condoms used?	Method of FP	ANC #	Pre-ART #	ART Regimen et enrollment (if applicable)	Most recent CD4 Count and Date	Tested by DNA PCR?	Date of DNA PCR Test	Child #1 Name	Child #2 Name	Child #3 Name	Child #4 Name	Medical Services Accessed (List all the apply)	Community/ Non-health Services Accessed (List all the apply)	VISIT DETAILS	FSG Visit 1	FSG Visit 2	FSG Visit 3	FSG Visit 4	FSG Visit 5	FSG Visit 6	FSG Visit 7	FSG Visit 8		FSG Visit 9	FSG Visit 10			
					Client Address								PNC #	ART #	Receiving OI Prophylaxis?	Most recent WHO Clinical Stage	EXP #	Result of DNA PCR Test	Child #2 HIV Status	Child #2 HIV Status	Child #3 HIV Status	Child #4 HIV Status																	
					Phone	*1. Self 2. Partner 3. Child, 4. Other (specify)"	*1. First-time 2. Previously enrolled at this facility 3. Previously enrolled at different facility"	*1. HIV-Positive 2. HIV-Negative 3. HIV-Exposed 4. Unknown Status"	*1. Yes, to partner 2. Yes, to other 3. Not disclosed"		Yes or No	Use Code at bottom of page	ANC #	Pre-ART #	Art Regimen	DC4 Count and Date	Yes/No/NA	Date of DBS Test	Name	Name	Name	Name	Use Codes at bottom of page	Use Codes at bottom of page	FSG Appt Date:														
					Address							PNC #	ART #	CTX, INH, FLUC, None, N/A	Recent Clinical Stage	EXP #	Neg / Pos / Ind / Unk	HIV Status	HIV Status	HIV Status	HIV Status	Use Codes at bottom of page	Use Codes at bottom of page	Medical Services accessed:	Code(s)	Code(s)	Code(s)	Code(s)	Code(s)	Code(s)	Code(s)	Code(s)	Code(s)	Code(s)	Code(s)	Code(s)			
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FP Method Codes: 1) Oral Contraceptables, 2) Injectables, 3) Implants, 4) BTL, 5) IUD, 6) Other-SPECIFY, 7) None

Medical Services Accessed: 1) Delivery and DoD, 2) PNC, 3) Family Planning, 4) ARVs, 5) CD4 test, 6) Adherence Count, 7) Nutrition Support, 8) TB Screening, 9) HCT, 10) Other-SPECIFY, 11) None

Community / Non-Medical Services Accessed: 1) Material Support, 2) IGA, 3) Spiritual Care, 4) Food Supplements, 5) Legal Services, 6) Other-SPECIFY, 7) None



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

FAMILY SUPPORT GROUP REGISTER

NAME OF HEALTH UNIT:.....

NAME OF HEALTH SUB-DISTRICT:.....

NAME OF DISTRICT:.....



THE REPUBLIC OF UGANDA

**NATIONAL HIV CARE REGISTER
(ANTI RETROVIRAL THERAPY)
MINISTRY OF HEALTH - AIDS CONTROL PROGRAM
UNIT REGISTER**

NAME OF HEALTH UNIT:.....

NAME OF HEALTH SUB-DISTRICT:.....

NAME OF DISTRICT:.....