

<b>Client Name:</b>	<b>Destiny Management</b> Cumulative Seizure Report
<b>Record #:</b>	

Notes:

1. Document total number of seizures for each category as recorded on the "Seizure Report" form. For each seizure documented on this report, there should be a "Seizure Report" form completed.
2. Submit a copy of this report to the QP at the end of each month.

<b>Year:</b>	<b>Category I</b>	<b>Category II</b>	<b>Category III</b>	<b>Category IV</b>	<b>Total for Month</b>
<b>January</b>					
<b>February</b>					
<b>March</b>					
<b>April</b>					
<b>May</b>					
<b>June</b>					
<b>July</b>					
<b>August</b>					
<b>September</b>					
<b>October</b>					
<b>November</b>					
<b>December</b>					
<b>TOTAL</b>					
<b>Yearly by category</b>					
				Yearly total all seizures	