



PO Box 21, Bootle, Merseyside, L20 3US

Council Tax Status Discount/Exemption the Severely Mentally Impaired

Part A: To be filled in by the person claiming a discount or their representative

Name of Mentally Impaired Person:

Address of Mentally Impaired Person:

Postcode:

Date of Birth:

Council Tax Account Number:

Part B

To be completed by the Registered Medical Practitioner

I certify that in my opinion the above named person IS suffering from "severe mental impairment and social functioning (however caused), which appears to be permanent".

IS

I certify that in my opinion the above named person IS NOT suffering from "severe mental impairment and social functioning (however caused), which appears to be permanent".

IS NOT

And has been since (date Diagnosed):

Address of Doctor's Surgery /
Hospital:

Signed (Doctor's Full Name):

Dated:

This notice is completed free of charge by the Doctor, under Schedule 9 of the NHS (General Medical Services) Regulations 1992.

To the Doctor: Please sign and return this certificate to the applicant or the applicant's representative. The information that you have supplied on this certificate will only be used to assess eligibility for a reduction in Council Tax.

You can upload the completed Doctors certificate when you apply for a discount or exemption using the online My Account service