Certificate to be completed by a registered medical practitioner

Full name of the person who is severely impaired:....................................... ......................................................................................................................

Their address and postcode: ........................................................................... .........................................................................................................................

Their Council Tax account number: ................................................................

Medical certificate

For the purposes of the Local Government Finance Act 1992, a person is severely mentally impaired if s/he has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Full Name of patient: (print) .......................................................................................

In my opinion, the person named above is severely mentally impaired and has been since

Doctor’s signature and status (GP,Consultant)

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Doctor’s full name and surgery/hospital address

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....................................................................................................................................................................................................

Date signed ..........................................................................................................

Doctor’s contact number ............................................................................................

Date: