

# Registered Medical Practitioner Authorisation for Severe Mental Impairment Council Tax Discount

## Personal information

Full name of person applying to be disregarded:

National insurance number:

Date of birth:

Home address:

Phone number:

## Medical Practitioner's declaration (to be completed by the Registered Medical Practitioner)

Name of doctor or medical practitioner:

Surgery or hospital home address:

Surgery or hospital phone number:

A person is regarded as severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Local Government Finance Act 1992 (Schedule 1, Paragraph 2).

I can confirm the person named on page 1 is severely mentally impaired as defined above. (Please tick box)

A Council Tax exemption/discount may be backdated to the point of diagnosis. For the purposes of this form, please enter the first point at which you would consider the patient to be severely mentally impaired.

Date of diagnosis:

Medical practitioner signature:

Date:

Official stamp:

Note: GPs must not charge for the diagnosis and/or completion of this form. British Medical Association, The National Health Service (General Medical Services Contracts) Regulations 2004 (Regulation 21(1) and Schedule 4).