

**Application for a Council Tax discount for someone who is  
severely mentally impaired**

**MEDICAL CERTIFICATE**

**To be completed by Registered Medical Practitioner**

**Name of Patient:** \_\_\_\_\_

Address: \_\_\_\_\_

Please tick the box for the relevant statement:

I certify that in my opinion the person named above **has** a severe mental impairment, defined as a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

**Date of diagnosis** \_\_\_\_\_

OR

I certify that in my opinion the person named above **does not have** a severe mental impairment.

Signature .....

Date .....

Full Name .....

Job title .....

**Surgery/Hospital Stamp:**