

Council Tax - Claim for Discount/Exemption Severely Mentally Impaired Authorisation to Medical Practitioner

Council Tax Account Number:

PART 1 – Authorisation from claimant for Doctor to release information to the Council

Name of Patient

Patient's Address

Patient's Doctor

Name of person acting on patients behalf

Relationship to patient

I authorise you to seek on the patient's behalf, the certificate set out in PART 2 below from the above mentioned medical practitioner.

I agree that the certificate should be returned to **Sandwell Metropolitan Borough Council, P.O Box 239, Sale, M33 6GU**

Signature of Patients Representative

Date

PART 2 – Medical Practitioner’s Authorisation**TO BE COMPLETED BY REGISTERED MEDICAL PRACTITIONER****Definition of Severe Mental Impairment for Council Tax reduction**

For Council Tax purposes a person is considered severely mentally impaired if he/she has severe impairment of intelligence and social functioning; however caused, which appears to be permanent. He/she must hold a certificate provided by a registered medical practitioner which confirms their condition.

Please provide the information below along with an accompanying registered medical practitioner stamp to authenticate the certificate. If no stamp is available please provide the information on the surgery’s/hospitals official letter head.

I certify that in my opinion the person named in PART 1 above is is not suffering from a severe mental impairment for Council Tax purposes as defined above.

Date condition first diagnosed	/	/
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Doctor’s Status i.e. GP, consultant etc.	
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Doctor’s Full Name	
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Doctors Hospital/Surgery Address	
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Registered medical practitioner stamp	

Date	/	/
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Please return to **Sandwell Metropolitan Borough Council, P.O Box 239, Sale, M33 6GU**