



**COUNCIL TAX DISCOUNT  
DOCTOR'S CERTIFICATE**  
PERSONS WHO ARE SEVERELY MENTALLY IMPAIRED

**Part A**

**To be filled in by the person claiming a discount, or their representative**

Name of the person suffering from the impairment	
Address	
Name of Doctor	
Doctor's surgery / Hospital address	

**Part B**

**To be completed by the Doctor**

I certify that the person named in Part A (please tick as appropriate):

- has a severe impairment of intelligence and social functioning (however caused), which appears to be permanent, as provided for under the Local Government Finance Act 1992 (as amended) for the purposes of a Council Tax discount since (please provide date)

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- does **not** have a severe impairment of intelligence and social functioning (however caused), which appears to be permanent, as provided for under the Local Government Finance Act 1992 (as amended) for the purposes of a Council Tax discount.

I confirm that the date of birth of the person named in Part A is (please provide date):

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Doctor's signature	
Full Name (Capital letters)	
Date	

**To the Doctor:**

No charge should be made to the applicant or their representative for the completion of this medical certificate. Further details can be found in Schedule 9 of the NHS (General Medical Services) Regulations 1992, as amended.

Please sign and return this certificate to the applicant or applicant's representative. Alternatively, return it directly to Council Tax at the address below. The information supplied will only be used to assess the eligibility for a Council Tax discount and will be processed and maintained in accordance with the Data Protection Act 2018. If you require assistance completing the certificate, please contact your Local Strategic Health Authority with reference to The Department of Health Letter PL/CO (93)1. For further information, please contact Council Tax on 01302 734454.