



# Doctor's Certificate

**The Doctor must complete this certificate.** Unfortunately, we cannot be responsible for any charge made to fill in this certificate. All sections of this certificate must be completed, including the surgery stamp.

On completion, *the applicant* must complete the online form (Council Tax - Severe Mental Impairment application for Discount / Exemption) via their My Erewash account and upload the doctor's certificate, along with proof of the qualifying benefit to complete their application.

**Patient Name:** .....

**Patient Address:** .....

**Patient Date of Birth:** ...../...../.....

A person is severally mentally impaired for the purposes of the Act if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

1. Does the person named above have severe impairment of intelligence? **Yes / No**
2. Does the person named above have a severe impairment of social functioning? **Yes / No**
3. Are the impairments permanent? **Yes / No**
4. From what date has the person named had these impairments? ...../...../.....

**Doctor's signature:** .....

**Date:** ...../...../.....

**Doctor's Full Name:** .....

**Surgery / Hospital address:**

**Surgery Stamp:**