

Certificate to be completed by a Doctor

Please note: You should not be charging for the completion of this form to certify someone as SMI. The guidance from the British Medical Association (BMA) states;

“To support a claim by or on behalf of severely mentally impaired person for exemption from liability to pay the Council Tax or eligibility for a discount in respect of the amount of Council Tax payable.

The statement by the BMA refers to [Regulation 22](#) and [Schedule 2 of the National Health Service \(General Medical Services Contracts\) Regulations 2015](#) which regulates certificates which cannot be charged for.”

Patient's name:

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Patient's address:

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Doctor's statement:

I confirm that the person named above is severely mentally impaired, ie has severe mental impairment of intelligence and social functioning, which appears to be permanent.

He/she has been suffering from this condition since (dd/mm/yy):

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Doctor's Name: Signature:

Date (dd/mm/yy): Daytime Phone Number :

Surgery/Practice Stamp: