

GENERAL MENTAL HEALTH EVIDENCE FORM

(For debt and creditors use separate Debt and Mental Health Evidence Form)

This form is concerned with: Name:

Date of birth:

Address:

Do you have evidence of this person's mental health?

Yes/No

If No please sign the form and return it in the stamped, addressed envelope provided

If Yes

In what capacity?

Please explain the role in which you have acquired evidence of his/her mental health.

How long have you been in contact with him/her?

When did you last see him/her?

Does this person have a mental health problem?

If Yes please explain what it is. If No please sign the form and return it in the stamped, addressed envelope provided.

Does this mental health problem affect his/her ability to manage his/her affairs?

*If Yes please explain as fully as possible the impact of the problem on his/her ability to cope with his/her day to day life e.g. concentration, motivation and ability to communicate and interact with other people. If No please explain why you consider that this mental health problem does **not** affect his/her ability to manage his/her affairs and then sign the form and return it in the stamped, addressed envelope provided.*

Does any treatment provided for the mental health problem affect his/her ability to manage his/her affairs?

Please explain what treatment is being provided, if any, and whether and, if so, how it makes it more difficult to cope with day to day life.

What is the best way of communicating with him/her?

Please also identify forms of communication that are likely to be unsuccessful e.g. by telephone or by letter.

Is there anything else that organisations dealing with him/her should know to help them understand the impact of his/her mental health problem?

Signature:

Print Name:

Date:

Address: