

GENERAL MENTAL HEALTH EVIDENCE CONSENT FORM

Do you consider that you have a mental health problem that affects your ability to manage your affairs?

Yes/No

Do you agree to evidence being collected about your mental health to show [name of organisation or organisations] to help them understand and take account of your mental health?

Yes/No

Who should provide this evidence?

Name and contact details of health or social care professional identified

I have seen the form to be used to provide this evidence and authorise [name of professional] to complete it for that purpose

Signed:

Date :

I also authorise [name of organisation] to send the form to [name of professional] on my behalf

Signed:

Date: