

# Disabled Persons' Freedom Pass

## *Mental health report form*



ENVIRONMENTAL SERVICES

**This report form is only to be completed if the applicant has a mental health illness  
Please complete the medical report form for applicants with learning difficulties**

**Data Collection Statement:** Haringey Council requires the following information for the purpose of administering the Disabled Persons' Freedom Pass. We undertake not to process your information in any manner incompatible with (this purpose) nor to disclose this information to any third party (with the exception of London Transport and The Association of London Government) without your consent, unless obliged by law to do so.

Please use *BLOCK CAPITALS* and tick (✓) relevant boxes.

This form must **only** be completed by a Care Co-ordinator, Consultant Psychiatrist or Doctor.  
If you have any enquiries relating to this form please contact the Concessionary Travel Department  
Tel: 020 8489 1878 or 1865.

Patient's surname:

Patient's forename(s):

Address:

Postcode:

Date of birth:

Doctor's name:

Telephone no.:

**YES**

**NO**

Does the person named above have a **long term**  
and severe mental illness (i.e. over 1 year)?



If **YES**, please give details (i.e. diagnosis, hospital treatment received, severity of illness,  
prescribed medication).

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**YES**

**NO**

Has the patient received any hospital treatment as an in-patient?



If **YES**, please provide details of when and where treatment was received.

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In your opinion, is the patient's disability severe, substantial and long-term?  
Please provide details if necessary.

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What if any medication does the patient receive?

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Please provide details of how their mental health adversely affects their normal day-to-day living activities.

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Please provide details stating why the client needs a Freedom Pass in order to be able to engage with their agreed care plan.

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Section 92 of the Road Traffic Act 1988 states that the Secretary of State may refuse to issue a driving licence on the grounds of an applicant's medical fitness.

Do you believe the patient would have their application refused if they were to apply for a driving licence?

**YES**

**NO**

People who persistently misuse drugs or alcohol are not covered by the definition of 'disabled person' under the Act.

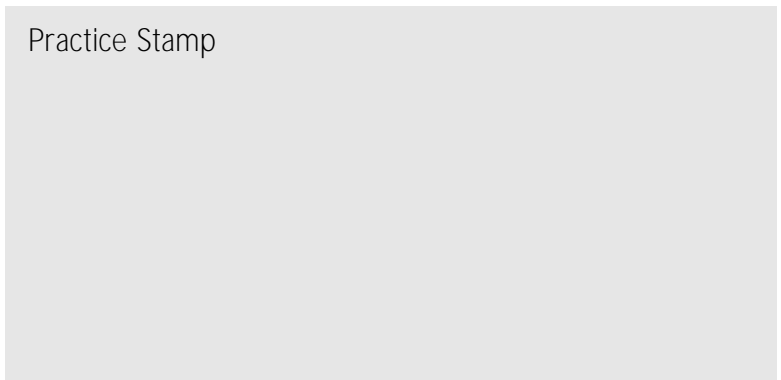
Doctor's Signature:

Date:

Practice Stamp

*This **must** be provided if your patient's application is to be considered.*

Practice Stamp



This form should be completed and returned in the envelope provided.

**Data Security Statement:** Haringey Council intends to fulfil all its obligations under the Data Protection Act 1998 (the Act). The Council will ensure that all processing of data falling within the scope of the Act is appropriately notified to the Information Commissioner. Individuals whose information is held and processed by Haringey Council can be assured the information will be maintained in confidence and treated with all due care. Haringey Council tries to keep information held about you accurate and up-to-date. However, if you find any inaccuracies you have the right to have them corrected. If you have any concerns about the processing of information by Haringey Council you may contact the Data Protection Officer, Alexandra House, 4th Floor, 10 Station Road, Wood Green, London, N22 7TR or the Information Commissioner, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.