

# Debt and Mental Health Evidence Form (Version 3)

Only a health or social-care professional should fill in this form

This form has been given to you because the person named opposite:

- is in debt to one or more creditors; and
- has said they have a mental health problem that affects their ability to repay.

You have been identified by this person as:

- a health or social-care professional who knows them; and
- a professional who could provide medical evidence about their mental health situation.

They have given their written permission for you to fill in this form (this is enclosed).

Your evidence could really help the person's health and well-being

- It will help creditors to take relevant mental health problems into account.
- This could improve the person's financial situation and mental health.

Person's full name:

Date of birth:

Address:

Advice/creditor organisation

Organisation:

Reference number:

Can you help this person? It will take just three steps.

**First step:**  
Please fill in this form.



The information you give will be shared with the person named above.

**Second step:**  
Please sign and stamp the form.

**Third step:**  
Please return this form in the envelope provided.

Please also enclose the patient Consent Form (you may want to photocopy this for your files).

About the person:

Q1: What is your relationship with the person named above? I am working with them as a:

- general practitioner    mental health nurse    social worker    psychiatrist    clinical psychologist
- occupational therapist    other (please give details) \_\_\_\_\_
- I do not know the person (if so, please return this form in the envelope provided.)

Q2: Does the person have a mental health problem?    Yes    No   →

No

If you answer 'No', please sign, stamp and return the form.

Q3: What is this mental health problem? If it has a name or diagnosis, what is it?

**Q4:** Does the person have a mental health problem that affects their ability to manage their money?

Yes  No

If yes, can you explain 'how' it affects their ability? This can improve any help the person is given.

**You might want to consider:**

- condition-specific difficulties;
- concentration, motivation or memory difficulties;
- time spent away from home (e.g. inpatient admission); and
- receiving help from another person (for example, under a power of attorney).

**Q5:** If the person is receiving treatment or support for this mental health problem, does this treatment or support affect their ability to manage their money?  Yes  No

If yes, can you explain 'how' it affects their ability? This can improve any help the person is given.

**You might want to consider:**

- effects of treatment or care;
- medication or side effects;
- periods spent in hospital; and
- any consequences of waiting for treatment.

**Q6:** When communicating with the person, are there any special circumstances that a creditor needs to take into account?  Yes  No

If yes, can you explain 'how' it affects their ability? This can improve any help the person is given.

**You might want to consider:**

- their understanding; and
- which form of communication might be best for the person (telephone, text messages, email, letter, or in person)?

**Q7:** What was the approximate date when:

(a) this mental health problem first started \_\_\_\_\_ →

(b) the first treatment was given \_\_\_\_\_ →

(c) the most recent episode of this mental health problem took place \_\_\_\_\_ →

(d) Is this episode currently ongoing?  Yes  No

MM

YYYY


**Q8:** Is there anything else we should know about the person?

**Please consider:**

- relevant physical health problems; and
- other relevant information.

**Please sign and stamp the form. Please return it in the envelope provided.**

Signature:

Print name:

Date:

Address:

Service or organisational stamp:

