

MENTAL HEALTH PROFESSIONAL LETTER

Mental Health Professional Name: _____
Professional Qualification and Registration Number: _____
Practice Address: _____
Contact Telephone/Email: _____

Patient Information:

Full Name: _____
Date of Birth: _____
NHS Number (if applicable): _____

Declaration of Mental Health Status:

I hereby confirm that I have been treating the above-named patient and, based on my professional assessment, the patient has been diagnosed with the following mental health condition(s):

- _____
- _____
- _____

Clinical Summary and Relevant History:

The patient has been under my care since the date indicated above. The condition(s) described above may impact the patient's daily functioning, including but not limited to cognitive, emotional, and social domains. This summary is provided in confidence and is intended solely for the purpose indicated.

Treatment and Recommendations:

The patient is currently receiving the following treatment(s) and support measures:

- _____
- _____
- _____

Fitness to Work and Support Needs:

Based on my clinical evaluation, the patient is advised as follows regarding employment and daily activities:

Confidentiality and Legal Compliance:

This letter is provided with the patient's consent and is confidential. It complies with applicable UK laws including the Data Protection Act 2018 and GDPR regulations. It is intended solely for the use of the recipient and must not be disclosed to third parties without explicit authorization.

Declaration of Truth:

I confirm that the information provided in this letter is true, accurate, and based on my professional judgment and knowledge of the patient's condition.

MENTAL HEALTH PROFESSIONAL SIGNATURE

DATE

Signature: _____

Full Name (Printed): _____

Professional Registration Number: _____

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