



## Living Well with Bipolar Disorder Programme

### Psychiatrist/GP Declaration of Support

I ..... support .....,  
who is a patient of mine, to participate in Aware's 'Living Well with Bipolar Disorder Programme'. I understand that this is an eight session programme, run on a weekly basis and delivered by a mental health professional. Its overall aim is to provide people who experience bipolar disorder and people who support them with opportunities to understand and manage it effectively. As a key feature of this programme, each participant will invite a family member or friend who supports them to join them for session seven.

Aware will contact you for the purpose of securing assistance or support for your patient if necessary.

Signed .....

Date: .....

Address: .....

Contact Phone Number: .....