Your GP's Name:

Address:

Postcode :

Your Name
Your date of birth
Your address

Dear Doctor

I intend to apply for / renew a Firearms / Shotgun / Explosives licence. I am required to supply a factual medical report to police Firearms Licensing department, which I am willing to pay for. Should a fee be payable please forward an invoice to my home address / e-mail me a copy.

If you are in any doubt about providing this information, please see the website of the BMA where advice and guidance is provided for GP's https://www.bma.org.uk/advice/employment/ethics/ethics-a-to-z/firearms

The report will need to include whether or not I have ever been diagnosed with or been treated for the following conditions/illnesses:

- Acute Stress Reaction or an acute reaction to the stress caused by a trauma
- Suicidal thoughts or self-harm
- Depression or anxiety
- Dementia
- Mania, bipolar disorder or a psychotic illness, or a personality disorder
- A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
- Alcohol or drug abuse
- Any other mental or physical condition which may be of concern

Furthermore, can I please request that only information relating to the relevant medical conditions impacting upon my suitability to possess a Firearm, Shotgun or Explosives are commented upon. The provision of a simple print out of my medical history will not be acceptable for this purpose.

Once the attached proforma has been completed please return to me – (Select one of the following);

By post to the above address
or
Send a PDF version to my e-mail address ……

Please note that the Police are seeking your professional opinion on my health and wellbeing and <u>are not</u> asking you to make a decision on whether I am granted a Firearms/Shotgun/Explosive license, the responsibility to make this decision lies solely with Police.

I would be grateful if you could expedite as soon as possible.

Yours sincerely,

Signature; ……

Firearms and Explosives Licensing

Medical Information proforma

Any attempt at amending this form after the GP has completed it is a criminal office under Section 28A(7) of the Firearms Act. If you knowingly or recklessly make a false statement for the purpose of procuring the grant or renewal of a certificate, the maximum penalty is six months imprisonment and/or a fine.

Please note that Police are seeking your professional opinion on the patients' health and wellbeing and are not seeking that you make a decision on whether they should be granted a Firearms or Shotgun certificate. The responsibility to make this decision lies solely with Police.

GRANT (First Application) ☐	**RENEWAL** (Subsequent application) ☐

APPLICANT DETAILS			
Title:		Full Name:	
Home Address:			
Date of Birth (dd/mm/yyyy)			

MEDICAL INFORMATION *(to be completed by GP)*

Please check the patients' medical record for any history (whole record for a grant application, last 5 years only for a renewal) of the following and tick those that apply. If you tick "YES" to any of the following please add further details in the box below to include medication, dosage, date of diagnosis and prognosis. Please limit these details to a statement of fact and not an opinion.

Acute stress reaction as a result of a trauma	Yes ☐ No☐	Personality disorder	Yes ☐ No☐
Suicidal Thoughts or self-harm	Yes ☐ No☐	Any severe neurological impairment (eg Parkinson's, Huntington's, epilepsy or any condition which has required consultation by a neurologist)	Yes ☐ No☐
Depression or anxiety	Yes ☐ No☐	Alcohol or drug abuse	Yes ☐ No☐
Dementia	Yes ☐ No☐	Any other mental or physical condition of concern	Yes ☐ No☐
Mania, Bipolar disorder or psychotic illness	Yes ☐ No☐	Terminal illness within the last 2 years	Yes ☐ No☐

Full details if answered yes to any of the above

Name of GP:		GP STAMP
Signature of GP:		
Date:		