**Your practice headed paper**

Firearms Licensing Dept

Derbyshire Police HQ

Butterley Hall

Ripley

Derbyshire

DE5 3RS **Date**

Sent by email to GP.Reports-Firearms@Derbyshire.PNN.Police.UK

Dear Firearms Licencing

Re: **Patient demographics**

This patient has requested that we supply you with a medical report in support of their firearm/shotgun licence application.

We have examined the patient’s medical record for evidence of the following conditions, and have indicated below whether we found evidence of any of them

|  |  |
| --- | --- |
| **Condition** | **Evidence of condition found** |
| Acute Stress Reaction or an acute reaction to the stress caused by a trauma | Yes/No |
| Suicidal thoughts or self-harm | Yes/No |
| Depression or anxiety | Yes/No |
| Dementia | Yes/No |
| Mania, bipolar disorder or a psychotic illness | Yes/No |
| A personality disorder | Yes/No |
| A neurological condition: for example, Multiple Sclerosis, Parkinson’s or Huntington’s diseases, or epilepsy. | Yes/No |
| Alcohol or drug abuse | Yes/No |
| Any other mental or physical condition which may affect the safe possession of firearms or shotguns. | Yes/No |

*Where yes please add details of reasoning for medical condition, duration of medical condition, details of medication prescribed and how long for and any further presentations of the condition*.

If you require further information, we will be happy to prepare a further report for an agreed additional fee.

Yours faithfully

On behalf of **Practice**