

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**