

Request for Medical Record Screening

Your GP name:

GP/Practice address:

.....

Date:

Dear Doctor

I am currently applying for a firearm, shotgun, explosive certificate and/or registration as a firearms dealer. I am required to supply factual medical information from my GP to accompany my application form. I realise a fee may be payable which I am willing to pay and that the report will not be produced until the appropriate fee has been paid.

Please find enclosed pro forma for completion by my GP. The form is requesting factual medical information relating to the relevant medical conditions as listed. I am advised by the police that the provision of a simple print out of my medical history will not be acceptable for this purpose.

Please note that the police are NOT asking you to make a decision on whether I am granted a certificate. The responsibility to make this decision lies solely with the police.

Once the attached pro forma has been completed, please can you

Contact me to arrange collection

Email to me at

CONSENT

I give the police permission to contact my GP and/or specialist to obtain factual details of any medical history in relation to my suitability to possess a firearm and/or shot gun. This authority is valid for the life of the certificate(s). I understand that my GP may share sensitive personal data with the police concerning my physical and mental health for the purposes of enabling the police to make a fully informed decision on my application and continued suitability and I hereby consent to this processing of my personal data.

Signed:

Patient's full name:

Date of birth:

Contact no:

Address:

.....

.....



Firearms Licensing

Standardised Medical Information pro forma

Any attempt at amending this form after the GP has completed it is a criminal offence under S.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.

PATIENT DETAILS

Title: Full name:

Home address:

.....

Date of birth (DD/MM/YYYY):

**Medical Information
(to be completed by GP)**

*Please check the patient's medical record for any history of the following and tick those that apply. Where any apply, please add further details overleaf **which can be limited to statement of fact and not an opinion.***

Have you had access to the patient's full medical records to complete this report? Yes No

DATE RECORDS BEGIN: DATE OF LAST CONSULTATION:

- | | | | |
|--|--|--|--|
| Acute stress reaction, or an acute reaction to the stress caused by a trauma | Yes <input type="checkbox"/> No <input type="checkbox"/> | Any severe neurological impairment (eg MS, Parkinson's, Huntington's or epilepsy, or any condition which has required consultation by a neurologist) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Suicidal thoughts or thoughts or threat of self-harm | Yes <input type="checkbox"/> No <input type="checkbox"/> | Alcohol or drug abuse | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Depression or anxiety | Yes <input type="checkbox"/> No <input type="checkbox"/> | Stroke | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Dementia | Yes <input type="checkbox"/> No <input type="checkbox"/> | Terminal illness within the last two years | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Mania, bipolar disorder or psychotic illness | Yes <input type="checkbox"/> No <input type="checkbox"/> | Does the Patient suffer with any condition which affects their suitability to hold a driving licence? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Personality disorder | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Please sign overleaf and provide further information if you ticked 'Yes' to any of the above questions.

GP COMMENTS

Please include the date diagnosed and whether the treatment is still ongoing.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

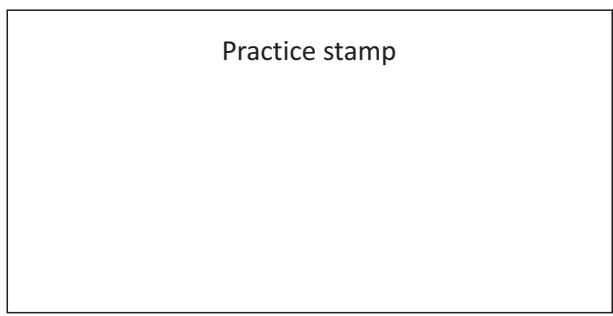
.....

Name of GP:

Signature of GP:

GMC Number:

Date:



GUIDANCE NOTES

The applicant should fill in their personal details and then request their GP complete the rest of the form. A fee may be charged by the GP prior to completion.

INTRODUCTION

This form and medical process has been devised to:

- Maximise public safety
- Minimise workload upon both the Firearms Licensing Department and GPs
- Provide clarity and consistency to all applicants

DATA PERIOD

In the interest of public safety, records should be checked as far back as records in the possession of the GP go, with paper records checked where present. GPs should also specify the date of the first entry in the records in the box provided.

FEES

BMA guidance makes it clear that providing medical information for shotgun or firearm certificates is not NHS work and falls outside the contractual obligations of GPs. Thus, GPs are entitled to remuneration for this work and may withhold the work until payment is made. The fee must be paid by the applicant.

FURTHER REPORTS

Occasionally, following the receipt of this form the Police may need to contact other clinicians such as consultants for a specialist opinion. Such reports fall outside the scope of this form. However, the GP MAY assist by providing or sourcing the relevant information if available to them. The Police may also write to the GP during the life of a certificate requesting factual medical information, the Police will pay for this report.

FLAGS

Home Office guidance to the police (Firearms Licensing) requests that GPs place a firearm reminder code on the patient's record. This permits the on-going review of suitability to possess firearms should medical issues arise. The police will notify GPs when a certificate has been issued in order that a 'flag' can be applied to the patient's medical record.

RESPONSIBILITY

It remains the ultimate responsibility of the police to decide on the grant/refusal of any shotgun or firearm certificate. The role of the GP is information provision by way of statement of fact only.

CONSCIENTIOUS OBJECTION

BMA guidance requires GPs to take reasonable steps to notify their patients of their conscientious objection in advance and they would advise doctors who hold such beliefs, to ensure a clear statement to this effect is placed on their website and on notices in public areas of the practice.

In such situations the GP may be able to assist applicants in identifying a suitable colleague willing to engage in the firearms certification process.

AUDIT

In the interests of public safety, the police reserve the right to check the accuracy of forms from time to time with the GP who completed it.