Your GP's Name: Address:	
Postcode :	2205/15 4 10 510
	usphuses

Dear Doctor

I wish to apply for a Firearms and/or Shotgun Licence from Lincolnshire Police. In order to do so, I am required to supply a factual medical report to Lincolnshire Police which I am willing to pay for. Should a fee be payable please forward an invoice to my home address.

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 you think may be relevant.

If there is a history of the above relevant medical conditions, could the report please include information with the following items; reasoning for medical condition, duration of medical condition, details of medication prescribed and how long for and any further presentations of the condition.

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.

The report should ideally to be forwarded to Lincolnshire Police direct from the GP Practice by a secured NHS email to fal@lincs.pnn.police.uk or by sending via post addressed to the Firearms Licensing Dept, Lincolnshire Police HQ, PO BOX 999, Lincoln, LN5 7PH.

Please be aware that unless the GP practice has a secure email address, the delivery to Lincolnshire Police is an insecure connection via the public internet. Lincolnshire Police cannot accept responsibility for any loss or inappropriate access to the email response before it reaches our secure network. You should agree with your patient how the details can be sent.

Please note that Lincolnshire Police do not seek your professional opinion as to my suitability to hold a Firearms/Shotgun licence, as this decision lies solely with them.

Please take this letter as my written consent for you to; provide this report to the Firearms Licensing Department, to place a marker on my medical record that I hold a firearm/shotgun licence, and to inform the Police if my medical conditions change in the future.

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