VICTORIA POLICE

This information is treated as **Strictly Confidential**.

Health Professional Reporting Notice

Details of Health Practitioner

As the reporting health practitioner, you must provide your details below.

TITLE: ☐ Prof ☐ Dr ☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Mx

NAME:

REGISTRATION NUMBER:

ORGANISATION/EMPLOYER:

ADDRESS:

PHONE NUMBER:

EMAIL ADDDRESS:

(Official stamp here):

Place official stamp here if form has been printed.

I am defined under Section 183(4) of the *Firearms Act 1996 as*:

☐ A registered medical practitioner

☐ A registered psychologist

☐ A nurse

☐ A midwife

☐ A prescribed class of social work

☐ A prescribed class of professional counsellor

Notes:

1. Please read the Quick Guide (Firearms): Information for Health Professional pages to assist with completion of this medical report.
2. If you require additional space, attach additional pages.
3. The health professional must send the completed medical report **directly** to the Licensing & Regulation Division (LRD) by post or email.
4. LRD does not accept medical reports that are more than 3 months old.

Note for patient/client:

This section is required to be completed by the patient/client when Victoria Police has requested further information to make an assessment on the new or renewal firearm application.

Patient/Client Consent - patient/client to provide personal details and complete the below consent statement.

SURNAME:

FIRST GIVEN NAME:

SECOND GIVEN NAME: DATE OF BIRTH:

RESIDENTIAL ADDRESS:

Consent: I, _____ consent to the release of my health information to the Licensing & Regulation Division of Victoria Police, to be assessed on whether I meet the requirements of a fit or proper person, or suitable to either be granted or maintain a firearm licence under the *Firearms Act 1996.*

Notes for Health Professionals:

1. If you are providing this report on your own motion, the consent section is not required to be completed.
2. You are not subject to civil or criminal liability for information provided in good faith to the Chief Commissioner.
3. Take the appropriate time to consider and clearly set out your opinion in the medical report.

Medical Report

What to report?

In the past 5 years, has your patient/client been treated for any of the following?

- Mental health concerns.
- Alcohol or drug issues.
- Any condition that resulted in a cognitive impairment, whether temporary or ongoing, e.g. inability to concentrate, memory loss, inability to carry out daily tasks, impaired judgement.

- Neurological conditions.
- Physical disability.
- Behavioural issues (past or present).
- Any condition that may impact impulse control where there may be a risk of self-harm or harm to others.

- Is the patient/client taking any medication which might impact upon them safely handling firearms?

- It is possible to possess or use a firearm (whether they hold a firearm licence or not), and would such possession be unsafe for any person (including the patient/client) because of ongoing health concerns?

- Provide the date that you last treated your patient/client.

- State how long you have known/treated the patient/client.

- Do you know the medical history of client/patient? If not, who treated them previously?

VICTORIA POLICE

Patient/client details:

Full name:
Address:
Date of Birth:

Provide your medical report below:

Please send your submission directly by post or email to:

Licensing & Regulation Division
GPO Box 2807
Melbourne 3001
Victoria Australia
Email: lrd@police.vic.gov.au

SIGNATURE_____ **DATE** _____

Note: If you intend to digitally complete this report, please open this document using Adobe. If you do not have Adobe, you must print and physically sign this document.
If using Adobe, please provide your digital signature by selecting the above 'SIGNATURE' field and following the prompts.