



Medical questions for inclusion on form screened by GP

IMPORTANT: This form will be used to help the Home Office Explosives Precursors & Poisons Licensing Team to determine your suitability to hold an Explosives Precursors & Poisons Licence. There are two parts to the form – part 1 to be completed by you and part 2 to be completed by your GP, who may require up to 3 weeks. Please do not book an appointment to see your GP for the sole reason to complete this form. Your GP may not be in a position to complete this form because of administrative reasons or because of the need to prioritise health care activities. Your GP may charge you for this service.

Part 1 Applicant’s details – To be completed by the applicant

Applicant Name:

DOB:

To enable the Home Office to process your application as quickly as possible, you must provide accurate details about your medical health. All information is in confidence between you, the Home Office Explosives Precursors & Poisons Licensing Team and your GP.

For a renewal application you need only provide information relating to the last three years.

Question 1

Have you consulted a doctor or received professional medical advice or treatment for any mental health related problem in the last 10 years (examples below)? Yes/ No

- Suicidal thoughts or self harm
- Depression
- Mania, bipolar disorder or a psychotic illness
- A personality disorder - for further information see NHS guidance <http://www.nhs.uk/Conditions/personality-disorder/Pages/Definition.aspx>
- Any other mental condition which you consider may be relevant

Question 2

Have you ever suffered from or received treatment for any drug or alcohol related health problems? Yes/ No

If you (the applicant) have answered yes to any of the above questions please provide further details.

Qu. 1 of 4. What condition(s) are you being / have been treated for?	GP stamp

Qu. 2 of 4. How long have you received treatment?	GP stamp

Qu. 3 of 4 Are you currently receiving any medication or treatment?	GP stamp

Qu. 4 of 4. When was the last relapse of your health condition?	GP stamp

Your GP may believe it is appropriate to include other information, for example, references in the medical records to any domestic incident involving the applicant in any capacity, so that the Home Office Explosives Precursors & Poisons Licensing Team have access to such relevant information when making their decision.

Please pass this form onto your GP to complete the next section.

Part 2 GP's declaration – To be completed by your GP

GP Name	
GP Address	
GP Contact Number	

Qu. 1 of 4. What is the current health condition of the applicant?	GP stamp

Qu. 2 of 4. Has the applicant displayed any behaviour towards violence or self-harm?	GP stamp

Qu. 3 of 4. Is there any additional relevant information about the applicant?	GP stamp

Qu. 4 of 4. In the event that you (the GP) cannot confirm accuracy or completeness to the information provided by your patient, the reasons should be stated, including lack of relevant information in the records.	GP stamp

I have reviewed the records of the applicant and can confirm / cannot confirm the accuracy and completeness of the information given by the applicant.

GP Signature	Date
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***** End of Form *****