



APPLICANT/LICENSEE'S PSYCHIATRIC HISTORY

To be completed by a licensed physician.

The Texas Department of Public Safety has requested that the Medical Advisory Board assist them in the evaluation of the case of:

Health and Safety Code, Title 2, Subtitle A, Chapter 12, Subchapter H

Applicant First and Last Name

as it pertains to his/her ability to exercise sound judgment as an applicant for Concealed Handgun Licensure in Texas. This evaluation concerns a possible psychiatric disorder or substance abuse history which could adversely affect his/her ability to exercise sound judgment with respect to the proper use and storage of a handgun. Authority to perform this review is in accordance with Texas Law for Concealed Handgun Licensure, Government Code, Chapter 411, Subchapter H, and the Health and Safety Code, Title 2, Subtitle A, Chapter 12, Subchapter H.

Medical Advisory Board

Sec. 12.098. Liability.

A member of the medical advisory board, a member of a panel, a person who makes an examination for or on the recommendation of the medical advisory board, or a physician who reports to the medical advisory board or a panel under Section 12.096 is not liable for a professional opinion, recommendation, or report made under this subchapter.

Added by Acts 1995, 74th Leg., ch. 165, Sec. 9, eff. Sept. 1, 1995.

Full Name of applicant/licensee: _____

DPS Case or LTC Number: _____

(A) Has the applicant/licensee been diagnosed by a licensed physician as suffering from a psychiatric disorder, substance abuse or another condition that causes or is likely to cause substantial impairment in judgment, mood, perception, impulse control, or intellectual ability? ___ YES ___ NO

- Check Applicable Disorder
___ Schizophrenia or Delusional Disorder
___ Bipolar Disorder
___ Chronic Dementia
___ Dissociative Identity Disorder
___ Intermittent Explosive Disorder
___ Antisocial Personality Disorder
___ Chronic Alcohol/Drug Abuse
___ PTSD
___ Drugs
___ Alcohol

Diagnosis Date: _____

Other diagnosis & date: _____

Prognosis: _____

Describe any psychiatric treatment the applicant/licensee has received. _____

When: _____ Where: _____

List medication (including type, dosage & date prescribed) this applicant has received for the condition.

(B) Does the applicant/licensee suffer from a psychiatric disorder described in Paragraph (A) that:
____ is in remission but is reasonably likely to redevelop at a future time; or
____ requires continuous medical treatment to avoid redevelopement.
____ other Describe _____

(C) Has the applicant/licensee been diagnosed by a licensed physician or declared by a court to be incompetent to manage his/her own affairs? ____YES ____NO ____UNK

(D) Has applicant/licensee entered in any criminal proceeding a plea of not guilty by reason of insanity?
____YES ____NO ____ UNK

(E) Has applicant/licensee been hospitalized for a psychiatric disorder or substance abuse treatment within the past five years? ____YES ____NO

If yes, When? _____ Where? _____

(F) Do you consider this applicant/licensee capable of sound judgment in the storage and use of a handgun?

____YES Explain _____

____NO Explain _____

(G) How long have you been seeing this patient? _____

Signature of Physician

Date

Print Physician's Name

Address, City, State, and Zip

Physician's State Board Number

Physician's Specialty