



# Texas Department of State Health Services

## Medical Advisory Board

**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:

\_\_\_\_\_

**Applicant First and Last Name**

as it pertains to his/her license for a concealed handgun. This evaluation concerns a possible psychiatric **disorder or substance abuse problem** 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 the Texas Concealed Handgun Law, Government Code, Chapter 411, Subchapter H, and the Health and Safety Code, Title 2, Subtitle A, Chapter 12, Subchapter H.

**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 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 redevelopment.  
\_\_\_\_ 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