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Health Professional Reporting Notice

DATE OF REPORT:

NAME OF PERSON REPORTING:

ORGANISATION / EMPLOYER:

PHONE NUMBER:

EMAIL ADDRESS:

I am:

a medical practitioner

a registered nurse

a person registered under the *Health Practitioner Regulation National Law (Tasmania) Act 2010* in the psychology profession

a social worker

a professional counsellor

NOTES:

- Please tick all boxes which are relevant.
- Terms in italics are defined in the accompanying document: Information Sheet 48 Firearms Reporting – Information for Health Professionals.
- If you require additional space use the blank section at the end of this form.



TASMANIA POLICE FIREARMS SERVICES

This Notice is made as required by Section 148(1) of the *Firearms Act 1996*

MY CLIENT'S / PATIENT'S NAME IS:

MY CLIENT'S / PATIENT'S ADDRESS IS:

I believe that my patient / client is likely to possess or use a firearm

Possession / use of a firearm would be unsafe:

for the patient / client

for another person, namely
Provide details of that person and/or relationship to that person

to the public

Possession / use of a firearm would be unsafe:

because of the patient's / client's mental condition

because of the patient's / client's physical condition

because the patient / client would be a threat to public safety

The reason for my opinion in relation to the patient / client is:

Please provide details of relevant medical conditions and whether those conditions are curable or degenerative.

Please email (flagged 'high importance') or fax this form to 03 6173 0416.

For urgent out of business hours matters please phone 131 444.



TASMANIA POLICE FIREARMS SERVICES
Department of Police, Fire and Emergency Management
Phone (03) 6173 2720
Email firearms.services@police.tas.gov.au

Current as at October 2024