Appendix 6 – Review form for Covert administration

Please provide a copy of this form to the carer(s) supporting the patient and scan into patient notes in surgery.

Name of patient		Date of birth	
Date review performed			

Is the medication still necessary? If so, explain why	
Is covert administration still necessary? If so, explain why	
Who was consulted as part of the review?	
Is legal documentation still in place and valid? (MCA assessment and evidence of Best interests discussion)	
Date of next review:	

Name of prescriber or pharmacist:	
Job role/title:	
Signature:	
Date:	