

## Appendix 5 – 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	
Have there been any changes since last review? (e.g., changes in medical condition, new medication etc). If no, please state 'all aspects remain the same'  For any changes was the legal process repeated with new MCA assessment and Best Interests discussion? If no, then to be conducted	
Where there have been no changes since the last review, is legal documentation still in place and valid? (MCA assessment and evidence of Best interests discussion)	
Are the covert administration instructions (from pharmacist) up to date?	
Who was consulted as part of the review? Include roles and contact details	
Date of next review:	

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