

Good Practice Guidance for Care Homes			
Covert Medication Review Form			
Name:		Date of Birth:	
Care Home:		Date:	
Completed by:		Position:	
<p>Shared decision making regarding covert administration of medicines must be clearly documented. This document should be used to provide evidence of review of the <u>continued need</u> for covert administration of medicines for the named individual.</p>			
Are all medicines still necessary?	<p>Yes / No</p> <p>Date.....</p> <p>NOTE: The covert medication plan should be updated completely if there were significant changes to medicines in the review</p>		
Date of last medication review			
Is covert administration still necessary? If so, explain why.			
Who was consulted as part of the review?			
Is any appropriate legal documentation still in place and valid, including DoLs?			
Print Name (person leading review)		Date:	
Signed:		Position:	
Counter signed:		Date:	
Date of next review			