

Patient Name:  
 Address:  
 Date of Birth:  
 NHS Number  
 Consultant/Service to whom referral will be made:

**Please send this form with the referral letter.**

**Knee MRI for suspected meniscal tears**

Please refer to National Guidance for full details, complete the checklist and file for future compliance audit.

Evidence Based Interventions Phase II policy confirms this investigation will only be funded when the following criteria are met:

The majority of patients who initially present in primary care with knee symptoms, no red flags and no history of acute knee injury or a locked knee do not need an MRI investigation and can be treated with non-operative supportive measures.

<i>In ordinary circumstances*, referral for MRI for meniscal tears should only be considered if the patient has the one of the following:</i>	<b>Delete as appropriate</b>	
<ul style="list-style-type: none"> <li>• clear history of a significant acute knee injury and mechanical symptoms</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• locked knee</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• persistent mechanical knee symptoms of more than three months duration</li> </ul>	Yes	No

*\*If clinician considers need for intervention on clinical grounds outside of these criteria, please refer to the Individual funding request policy for further information. If patient meets the above criteria then prior approval is not required.*

