

**MEDICAL CLEARANCE FOR TENS UNIT
(TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR)**

A TENS unit may be authorized for rental or purchase by the Indiana Medicaid Program. The following questions must be answered completely before a determination can be made. Telephone authorizations will not be given for this item.

1. What is clinical history in relation to pain source? _____
2. What medications are currently being prescribed for this condition? How frequently are they taken? _____

3. Has a trial period of TENS rental been utilized? How long? What objective signs of improvement were seen? _____

4. What is the patient's current activity level? (ambulatory; with or without assistance; is a walker, cane, crutches or wheelchair necessary?)

5. What are the anticipated goals after TENS use? _____

6. In your judgment, what period of time will this patient require the use of the TENS unit? Check one: days _____ weeks _____ months _____
7. Your comments _____

