

REQUIRED TENS EVALUATION TOOL

PLEASE SUBMIT COMPLETED FORM TO DME PROVIDER

Agency name: _____ Date: _____

Therapist's Name: _____ Therapist's Contact Information: _____

Beneficiary Name: _____ Diagnosis: _____ Beneficiary Unique ID: _____

Date of evaluation (final evaluation must be at least 3 months from first evaluation)	First Evaluation Date / /	Second Evaluation Date / /	Third Evaluation Date / /	Final Evaluation Date / /
Type of pain: please circle the appropriate type	Chronic: Y N	Chronic: Y N	Chronic: Y N	Chronic: Y N
	Acute: Y N	Acute: Y N	Acute: Y N	Acute: Y N
Location of pain:				
Etiology of pain:				
Pain scale 0-10 At Rest:				
Pain scale 0-10 At Activity:				
List current pain-related meds and the dosage for each evaluation period:				
Are the following prescribed and helping:(if "no" you must document the reason)				
1) Therapeutic Exercise:				
Was it Prescribed?	Yes No	Yes No	Yes No	Yes No
Is it Helping?	Yes No	Yes No	Yes No	Yes No
2) Home cold/heat:				
Was it Prescribed?	Yes No	Yes No	Yes No	Yes No
Is it Helping?	Yes No	Yes No	Yes No	Yes No
3) Behavioral self-mgt strategies:				
Was it Prescribed?	Yes No	Yes No	Yes No	Yes No
Is it Helping?	Yes No	Yes No	Yes No	Yes No
4) Postural correction education:				
Was it Prescribed?	Yes No	Yes No	Yes No	Yes No
Is it Helping?	Yes No	Yes No	Yes No	Yes No

	First Evaluation Date / /	Second Evaluation Date / /	Third Evaluation Date / /	Final Evaluation Date / /
5) Body mechanics education:				
Was it Prescribed?	Yes No	Yes No	Yes No	Yes No
Is it Helping?	Yes No	Yes No	Yes No	Yes No
6) Ergonomics education:				
Was it Prescribed?	Yes No	Yes No	Yes No	Yes No
Is it Helping?	Yes No	Yes No	Yes No	Yes No
7) Other Modalities:				
8) Support/orthotic:				
Was it Prescribed?	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Is it Helping?	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Beneficiary has been educated and is continuing to demonstrate proper care of their TENS device	Yes No	Yes No	Yes No	Yes No
Electrode/patch type	<input type="checkbox"/> disposable <input type="checkbox"/> nondisposable	<input type="checkbox"/> disposable <input type="checkbox"/> nondisposable	<input type="checkbox"/> disposable <input type="checkbox"/> nondisposable	<input type="checkbox"/> disposable <input type="checkbox"/> nondisposable
Electrode/patch location				
# of Electrodes/patch (start with 2)	Trial of 2 <input type="checkbox"/> successful or <input type="checkbox"/> nonsuccessful	2 or 4	2 or 4	2 or 4
Actual Frequency of use: days/week				
Actual Frequency of use: hours/day				
List ADL functions impacted by pain and improved by TENS use:				
TENS Parameters: initial and subsequent per evaluation period				
1) Rate				
2) Width				
3) Amplitude				
Stim Mode trialed: initial and subsequent per evaluation period				
Conventional				
Low frequency				
Burst				
Brief intense				
Modulation				
Strength-duration				
Evaluator Signature:				