



TENS Unit Usage Agreement for Doula Clients

Safety and Precautions

TENS should not be used by anyone suffering from epilepsy, fitted with a cardiac pacemaker or who suffers from (or is suspected of suffering from) heart disease.

TENS should not be used before the 36th week, unless labor has begun. (It is okay to try it on the back for a minute or two prior to this time).

Electrodes should not be placed on broken or inflamed skin.

TENS units are NOT compatible with water. If you wish to have a shower or bath, you must first turn off the TENS unit and then remove the TENS pads from your skin.

Electrodes should only be placed where indicated. Do not place electrodes on broken skin.

TENS cannot be used in conjunction with an epidural or during internal fetal monitoring.

Terms and Conditions:

1. The TENS machine is supplied on the understanding that it will be used only by the person whose name appears on this form and is not transferable between individuals.
2. The person renting the unit will have discussed the use of a TENS machine with the medical practitioner in charge of their care and have them sign the "TENS UNIT CONSENT" form or at least get verbal permission to client before using.
3. TENS will be used by following the instructions provided (instruction booklet included).
4. The success of TENS is neither guaranteed nor implied.
5. Upon drop off, the doula will give a brief explanation of its proper use and explain the application of stimulating pads. The unit should prove to be in good working order at that time.
6. Take care not to drop the unit, get it near high heat, open flames or water.
7. Calming Touch Doula Services reserves the right to charge the replacement value of lost, stolen or damaged TENS units, part of a unit, or extras supplied as outlined below.
8. Calming Touch Doula Services shall not be held responsible or liable for any injury or damage sustained as a result of misusing the TENS unit.
9. I understand that studies have shown that there are no known risks for using a TENS in labor as long as I meet the precautionary requirements.
10. The rental period is for approximately 35 days. The doula will drop off the unit with the client and take back possession of the unit on the day of birth.
11. It is the responsibility of the client to check the contents of the rental package upon receipt and familiarize themselves with the TENS machine and user instructions.
12. When labor begins, place the electrodes on the back according to instructions.
13. The client must advise Calming Touch Doula Services of any problems whatsoever immediately. Calming Touch Doula Services accepts no responsibility where the customer fails to do so thereby rendering it impossible for Calming Touch Doula Services to take any corrective action.
14. All pieces of the original package MUST be returned, including dead batteries.
15. Extra pads cost \$8 per set of four.

I understand that I cannot use the TENS unit before the 37th week of pregnancy (unless in known labor that will not be stopped by care provider), in water, near high heat, or if I have any of the following conditions: Preterm labor, Epilepsy, known heart disease, or use a pace-maker. The TENS unit may not be used on broken skin, during internal fetal monitoring or with the use of an epidural. _____ (initials)

I, _____ have inspected the box & have found to be present the following items as initialed below:

- 1 ELLE TENS machine with 1 set of working batteries in unit _____
- 2 spare batteries _____
- 3 lead wires _____
- 1 pack of electrodes (set of 4 pads) _____
- 1 neck lanyard _____
- 1 carrying pouch _____
- 1 set of instructions for use _____

I understand that if I damage or lose the unit, I will be charged \$125 for its replacement. _____ (initials)

I understand that if I lose or damage a lead wire, I will be charged \$8 each for replacement. _____ (initials)

Doula Client Rental Fee: _____ **Paid? Y N** _____

(Doula Signature)

Rental period effective: _____ through _____

TENS unit must be returned on day of delivery, or by final postpartum visit unless prior arrangements have been made.

_____ Date _____

Please print name

Signature

Enjoy your TENS experience!



