



## IpsiHand® Veteran Qualification Request Form

Fax to 323-300-2410 or email to Rx@neuroolutions.com

Once received, Neuroolutions will conduct an IpsiHand Qualification Screening to demonstrate Veteran eligibility for the device. The Qualification Screening consists of an EEG Signal Test and an eligibility review (remote or in person) that is completed at no cost to the VA.

### FDA Device Indication:

The Neuroolutions IpsiHand Upper Extremity Rehabilitation System is indicated for use in chronic stroke patients ( $\geq 6$  months post-stroke) age 18 or older, to facilitate muscle re-education and for maintaining or increasing range of motion in the upper extremity.

### PATIENT SELECTION CRITERIA CHECKLIST

- ☐ Chronic Stroke ( $\geq 6$  months post-stroke)
- ☐ Age 18 or older
- ☐ Arm and hand weakness
- ☐ Able to follow one step visual or written commands
- ☐ Visual skills within ability to follow graphics on a tablet
- ☐ Able to hold head upright without head support for 60 minutes
- ☐ Severe spasticity/ rigid contractures in hand/wrist are not present; Skull deficits or irritation from craniectomy/ craniectomy are not present, or N/A

### VETERAN INFORMATION

FIRST NAME:  LAST NAME:  YEAR OF STROKE:   
DATE OF BIRTH:  M: ☐ F: ☐ Check affected upper extremity: ☐ Left ☐ Right  
PHONE:  EMAIL:   
ADDRESS:  CITY:  STATE:  ZIP:

### PROVIDER INFORMATION

FIRST NAME:  LAST NAME:   
PHONE:  EMAIL:   
VA FACILITY NAME:  STATE:  ZIP:   
COMMUNITY CARE FACILITY (IF APPLICABLE):

DATE:  HCP SIGNATURE:

For assistance with form or questions about IpsiHand Qualification Screening, contact [info@neuroolutions.com](mailto:info@neuroolutions.com)