FOR VETERANS WITH HAND TREMOR

How to Request a Clinical Evaluation

A practical guide for asking your care team to evaluate whether GyroGlove™ may improve everyday hand function.

WHAT YOU ARE REQUESTING

A clinical evaluation—not a guaranteed prescription. A neurologist, occupational therapist or other appropriate clinician can compare everyday tasks with and without GyroGlove and decide whether it provides meaningful functional improvement.

Four steps to request the evaluation

1

Contact the right member of your care team

Start with your VA primary care provider, neurologist or occupational therapist. If you use a community-based outpatient clinic or VA-authorized community care, ask who can make the referral or perform the evaluation.

2

Explain the functional problem

Name the daily activities affected by tremor—such as eating, drinking, writing, dressing, grooming or using a phone. Be specific about safety, independence and how often the difficulty occurs.

3

Ask clearly for an evaluation

Request a hands-on comparison of the same activities with and without GyroGlove. Ask whether occupational therapy or neurology is the appropriate service and whether Recovery Health Tech may coordinate with the clinic.

4

Confirm the next step

Ask who will place the referral, how you will be notified and when to follow up. If the device is clinically recommended, the care team can document medical necessity and begin the applicable VA review and ordering process.

Words you can use

SAMPLE REQUEST

“My hand tremor is interfering with _____. I would like a clinical evaluation to see whether GyroGlove provides meaningful improvement in my daily activities. Can you refer me to occupational therapy or neurology and coordinate with Recovery Health Tech?”

Need help coordinating the request?

Val Brown • 1-504-450-6279 • val@recoveryhealthtech.com

CLINICAL EVALUATION REQUEST WORKSHEET

Complete what you can and bring this page to your appointment or include the details in a secure message to your care team.

My information

Veteran's name	
Phone / email	
VA facility or clinic	
Primary care provider	
Neurologist / occupational therapist	

What my tremor affects

☐ Eating or drinking	☐ Phone / computer use
☐ Writing or signing	☐ Cooking / household tasks
☐ Dressing / fasteners	☐ Work or hobbies
☐ Grooming / personal care	☐ Other: _____

Details to share

Affected hand(s)	
Dominant hand	
Diagnosis, if known	
Current tremor treatments	
Top activity I want to improve	
Safety concern or recent change	

Questions for the care team

☐ Who is the appropriate clinician to perform this evaluation?

☐ Can the same functional tasks be tested with and without GyroGlove?

☐ How will improvement, comfort and fit be documented?

☐ Who will contact me to schedule, and when should I follow up?

☐ If recommended, who will coordinate the VA review and ordering steps?

RECOVERY HEALTH TECH COORDINATION

Veteran resources: recoveryhealthtech.com/veterans-2 • Screening form: share-na2.hsforms.com/1x-lVjHNYSGizlZR5bqasWQ40tpfv • Val Brown: 1-504-450-6279 • val@recoveryhealthtech.com

Important: GyroGlove is assistive technology and does not replace medical care or medication. Not every person will benefit. Clinical recommendation, eligibility, coverage and purchasing decisions are made by the veteran's care team and the Department of Veterans Affairs. Recovery Health Tech is not part of or endorsed by the U.S. Department of Veterans Affairs.