

BoundaryCare Configuration Form

This form is for the use of approved vendors/providers who are specifying the configuration for a BoundaryCare equipment package. Data provided will not be shared or used for any purposes other than for processing this order request. When completed, send this form to sales@boundarycare.com. We'll contact you if further information is required.

Alternately, you can download the [fillable PDF of the same form here](#), filling it out electronically, or even by printing it out and completing it by hand.

Your order will be placed once we have received your configuration information and, separately, your payment information. This form is secure. Data provided will not be shared or used for any purposes other than for processing this order request.

Estimated time of completion of all sections is 8 minutes.

This is section 1 of 4.

* Indicates required question

1. Provide the contact email address for the person submitting this form:

2. PART I: PRIMARY USE(S) FOR THIS DEVICE

Check all that apply.

- GPS / Location tracking
- Complex health needs (seizure-like symptoms, COPD, etc.)
- Fall protection (detection and prevention)
- Behavioral supports
- Employment supports

PART II: EQUIPMENT

3. Equipment type *

Mark only one oval.

- Standard (Apple Watch without O2 sensor, iPhone base station, chargers)
- Premium (Apple Watch with O2 sensor, iPhone base station, chargers)
- Ultimate (Apple Watch Ultra, with O2 sensor, increased battery life, programmable physical button, iPhone base station, chargers -- REQUIRED for convulsive seizure monitoring)

4. Wrist Preference *

The wrist the client will wear the Watch on. Default is Left.

Mark only one oval.

- Left
- Right

5. **Apple Watch Case & Band Color ***

The Apple Watch comes with a thin protective case and a matching band. The default case & band color is Black.

Mark only one oval.



Black



Midnight Blue



Yellow



Red



Pink

6. Band Options *

Mark only one oval.

- Standard Silicone with buckle (as above), for wrists of 6.5"+
- Small Silicone with buckle (as above), for wrists smaller than 6.5" (children)
- Fabric (with Velcro closure, one-size-fits-all; colors will not match case)
- Tamper-resistant (tan plastic material, keyed lock, one-size-fits-all; extra charge)
- Fob (replacing band to convert watch to a clippable; extra charge)

II. DEVICE CONFIGURATION

Features & data collection. Indicate which BoundaryCare features you want us to enable during device configuration. (Most settings can be changed later but may require our intervention.)

This is section 2 of 4. Estimated remaining time of completion is 6 minutes.

7. 1. LOCATION TRACKING

Check all that apply.

- Activate Location tracking

8. Address for initial safe zone

9. 2. HEART RATE MONITORING

Check all that apply.

- Activate heart rate monitoring

10. Low heart rate alert threshold (in beats per minute)

Mark only one oval.

None

65

64

63

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11. High heart rate alert threshold in beats per minute)

Note: additional “persistent” heart rate tracking will be set to closest match available.

Mark only one oval.

None

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129

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- 76
- 75

12. **3. OXYGEN SATURATION MONITORING (premium kits only)**

Check all that apply.

Activate oxygen saturation monitoring

13. O2 alert threshold (in percent)

Mark only one oval.

- 99
- 98
- 97
- 96
- 95
- 94
- 93
- 92
- 91
- 90
- 89
- 88
- 87
- 86
- 85
- 84
- 83
- 82
- 81
- 80

14. **4. SPEED TRIGGER (ELOPEMENT BY VEHICLE)**

Check all that apply.

- Activate

15. Speed threshold (in miles per hour)

Mark only one oval.

- 80
- 75
- 70
- 65
- 60
- 55
- 50
- 45
- 40
- 35
- 30
- 25
- 20
- 15

16. **5. CONVULSION MONITORING (for rapid muscle motion typical of tonic-clonic seizures), with sensitivity adjustment.**

Requires Apple Watch Ultra equipment pack.

Check all that apply.

- Activate

17. **5. HELP BUTTON ON WATCH SCREEN (shows when BoundaryCare icon is tapped)**

Check all that apply.

- Activate

18. Help button option

Mark only one oval.

- Request help (sends notification to all caregivers)
- Emergency call (places call to main caregiver)

19. **6. SLEEP TRACKING AND ANALYSIS (available if sleep schedule, below, is roughly accurate)**

Check all that apply.

- Activate

20. Approx bedtime **and** waking time

21. **7. STEP COUNTS (can connect to congratulations message)**

Check all that apply.

- Activate

22. Target number of steps/day

23. **8. DAILY EXERCISE MINUTES (can connect to congratulations message)**

Check all that apply.

- Activate

24. Target number of minutes/day

25. **9. DAILY ENERGY BURN (can connect to congratulations message)**

Check all that apply.

Activate

26. Target number of calories/day

27. **10. OTHER FEATURES TO ACTIVATE**

Check all that apply.

Fall detection

Heart rhythm (A-Fib) monitoring

Cardio fitness (VO2)

Watch worn alerts (alerting when watch is put on or removed)

Auto-answer for call waiting

28. **11. FIRST NAME OF END-USER (for use on watch)**

29. **12. LAST NAME OF END-USER (optional)**

30. **13. END-USER IDENTIFIER (member #, etc., if available)**

14. CAREGIVER ACCOUNTS TO CREATE. At least one required; first one will be principal account. (If more are needed, add them in comments at bottom. Phone number optional.

31. MAIN CAREGIVER

Name — Email Address — Phone number

32. SECOND CAREGIVER

Name — Email Address — Phone number

33. THIRD CAREGIVER

Name — Email Address — Phone number

Additional caregivers can be added in comments (next section) or at later date.

III. OPTIONAL INFORMATION

The following information can improve certain measurements.

This is section 3 of 4. Estimated remaining time of completion is 4 minutes.

34. Gender of End-User (Optional)

Mark only one oval.

Male

Female

Other

35. **Date of Birth of End-User (required for heart rhythm monitoring)**

Example: January 7, 2019

36. **Height of End-User (Optional)**

In feet and inches.

37. **Body Weight of End-User (Optional)**

38. **COMMENTS, NOTES, OR QUESTIONS. Provide any additional information or requests (pre-configured reminders, etc.), and we'll contact you as needed.**

IV. BILLING AND DELIVERY

This is section 4 of 4. Estimated remaining time of completion is 2 minutes.

CONTACT INFO FOR BILLING

39. Name for **billing** *

40. Address for **billing** *

CONTACT INFO FOR SHIPPING (IF DIFFERENT)

41. Name for **shipping** *

Check all that apply.

Same as above

Other: _____

42. Address for **shipping** *

Check all that apply.

Same as above

Other: _____

43. **Shipping address for BoundaryCare Kit** *

Provide name, street address, city, state, zip code, and phone number of person taking delivery.

44. **Legal guardian's email address**

(If applicable)

45. **First & Last Name of the legal guardian**

(If applicable)

46. **Additional notes** (indicate here if you have special ordering needs or options, or if you need us to followup to answer questions)

(If applicable)

47. **Where did you first learn about BoundaryCare?**

Mark only one oval.

- Web search
- Conference/trade show
- Custom presentation for your organization
- Colleagues and/or partner organizations
- BoundaryCare outreach (newsletters, emails...)
- Other: _____

48. By submitting this order request form, the submitter of this order asserts that 1) * they have reviewed the BoundaryCare software's end user license agreement (at <https://www.boundarycare.com/terms-and-conditions>) with the end user or the end user's guardian or power of attorney and that 2) all of the information provided on this form is true and correct.

BoundaryCare may contact client and/or his/her legal guardian or power of attorney by email, phone, or SMS solely for the purpose of processing this order request and providing continuing informational and alerting features as part of the BoundaryCare service, as configured by client and/or his/her legal guardian and/or power of attorney.

Check all that apply.

I agree

49. **Signatory** *

Type the full name of the individual submitting this form.

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