

BoundaryCare Configuration Form
(for device type and service configuration)

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.

Contact email for this order: _____

PART I: PRIMARY USE(S) FOR THIS DEVICE

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

PART II: EQUIPMENT

1. Equipment type

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

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

- Left
- Right

3. Apple Watch Case Color. Shown below with matching band (only available with **Standard** band type).



4. Band Options.

- Standard** (silicone with buckle, as shown above)
 - Standard** (appropriate for most adults)
 - Small** (under 6.5" circumference, appropriate for young children)
- Fabric** (with Velcro closure, one-size-fits-all; colors will not match case)
- Tamper-resistant** (blue silicone, with keyed lock, one-size-fits-all; **extra charge**)
- Fob** (replacing band, converting watch to a clippable; **extra charge**)

PART III: CONFIGURATION

5. 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.)

- Location tracking
Address for initial safe zone: _____
- Heart rate monitoring.
Low HR alert threshold (beats per minute): _____
High HR alert threshold (beats per minute): _____
Note: additional “persistent” heart rate tracking will be set to closest match available.
- Oxygen saturation monitoring (**premium kits only**)
O2 alert threshold (in percent): _____
- Speed trigger (elopement by vehicle)
Threshold (in miles per hour): _____
- Convulsion monitoring (for rapid muscle motion typical of tonic-clonic seizures), with sensitivity adjustment. **Requires Apple Watch Ultra equipment pack.**
- Help button on watch (shows when BoundaryCare icon is tapped)
Button option:
 - Request help (sends notification to all caregivers)
 - Emergency call (places call to main caregiver)
- Sleep tracking & analysis (available if sleep schedule, below, is roughly accurate)
Approx bedtime: _____ am/pm Approx wake time: _____ am/pm
- Step counts
Target number of steps: _____ (Can connect to congrats message)
- Daily exercise minutes
Target number of minutes: _____ (Can connect to congrats message)
- Daily energy burn
Target number of calories: _____ (Can connect to congrats message)
- Fall detection
- Heart rhythm (A-Fib) monitoring
- Cardio fitness (VO₂)
- Watch worn alerts (alerting when watch is put on or removed)
- Auto-answer for calling watch (auto-connects to incoming phone calls)

6. First Name of End-User: _____

7. Last Name of End-User: _____

8. End-User Identifier (member #, etc., if available): _____

9. Caregiver accounts to create. At least one required; first one will be principal account. (If more are needed, at them in comments at bottom. Phone number optional.

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

OPTIONAL INFO The following information can improve certain measurements.

10. Gender of End-User. Circle one: male / female / other

11. Date of Birth of End-User (for heart rhythm monitoring) _____

12. Height of End-User: _____ Feet, and _____ Inches

13. Body Weight of End-User: _____ pounds

14. Comments, notes, or questions. Provide any additional information or requests (pre-configured reminders, etc.), and we'll contact you as needed.

PART IV: BILLING AND DELIVERY

15. **Contact Info for billing.** Provide name, email, and street address for individual or organization responsible for payment.

Name: _____

Address: _____

16. **Contact info for Shipping.** Provide name, street address, city, state, zip code, and phone number of person taking delivery.

Same as above (else fill out below)

Name: _____

Address: _____

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

Web search

Conference/trade show

Custom presentation for your organization

Colleagues and/or partner organizations

BoundaryCare outreach (newsletters, emails...)

Other: _____

18. Final Authorization

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.

Name _____

Signature _____