COM-PANY DESIGNS

Anna Quach
GRAPHIC DESIGN



LA DESIGN BOUTIQUE for DoubleTree by Hilton DTLA



QR Code

Scan this QR Code to tag sponsors on social media

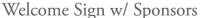
Open camera app
 Point at the QR code

3. A prompt will pop up with link
4. Top on link to open Google Doc
5. Copy and paste vendor's @ handles to tag

Company Event Design Client

Providing graphic marketing and event designs for companies across different mediums and products. We work with you closely throughout the design process so you have complete control on realizing your vision and send digital proofs to you so you can fully picture the finished products.

DOUBLETREE SUMMER WELLNESS RETREAT

















Event Photos by Herman Au









LA DESIGN BOUTIQUE for Lend & Gather



Company Event Design Client

Welcome Sign

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GATHER RENTAL CONFERENCE

Schedule Bookmark



















Sponsor Signs





LA DESIGN BOUTIQUE for Aligned Wellness



Company Design Client

Providing graphic marketing designs and forms for companies across different mediums and products. We work with you closely throughout the design process so you have complete control on realizing your vision and send digital proofs to you so you can fully picture the finished products.

ALIGNED WELLNESS



Business Card



Appointment Card

your of	hext (арроі.	ntme	rt
FOR:				
MON TUE	WED	THU	FRI	SAT
DATE:				
TIME:		A.M	l. / P.M.	
If you are un please	able to ke notify us v			nent,

Patient Health History Form

	The state of the s		
New Patie	ent Health H	listory Forn	n
In order to provide you the b and bring it to your first appoi			
PATIENT DATA			
Name	_ Date	Email	
MAILING ADDRESS			
Address	City _		State Zip
Telephone (work) (ho	ne)	Referred by	
Age Birthdate S	ocial Security # _		Number of children
Occupation	Employer		
Marital Status Spouse's na	ime	Spouse's Oc	cupation
Spouse's employer	Spouse'	s health status_	800 8-
Emergency contact			one
CURRENT COMPLAINTS			
Nature of injury: Automobile* ☐ Work	Other		
Please describe			
Date of injury Date s	vmntoms anneare	ed.	
Have you ever had same condition? No			
List other practitioners seen for this injur			
Have you ever been under chiropractic of			
If yes, please describe	aler No 🔲 Te		
INSURANCE INFORMATION			
Name of party responsible for payment		Di	ione
Do you have healthy insurance? No			
"If an auto accident please provide:	100 Nami	or company	
Insurance company name			
BILLING ADDRESS	Claim #		
Name of the insured			
Name of the insured			
I understand and am informed that there are			
not limited to, fractures, disc injuries, strokes			
anticipate and explain all risks and complicat			
course of the procedure which the doctor fee	is at the time, based	upon the facts then	known, is in my best inter-
Patient's signature		Date	

	CAL HIST									
		eated for a	ny cond	itions in th	e last ye	ar? No	□ Ye	s 🗌		
	please des									
		ical exam _						pregnant?	No 🔲	Yes
		rays taken' s are you ta						sage and	amounts, e	etc):
What v		inerals, or	herbs de	you curre	ently take	? (Plea	se list for	what con	dition, dosa	ige, and
HAVE	YOU EVE	R:	No	Yes	Brie	fly Expl	ain			
Broker	bones?									
Been h	ospitalize	1?		ā						
Been i	n an auto a	accident?								
Had sp	orains/strai	ns?								
Been s	truck unco	inscious?								
Had su	irgery?									
How h	ave your a	ctivities of	faily livin	ng been af	fected?					
AMILY	HISTORY									
	Cancer	Diabetes	Stroke (CVA)	Cardiovase Disease (C	CVD) Hear Hype	disease intension HTN]	Arthritis	GI/GU	Epilepsy	Blood Disorder
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Mother										
Sibling										
Sibling										
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		ificial Swee Vegetable		H	H	Ħ	Ē	ī		

	aligned
	multi
	V PATIENT CONSENT TO THE USE AND DISCLOSURE OF HEALTH IATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS
ί,	, understand that as part of my healthcare, Aligned Wellness + originates and maintains
paper and/or electr	onic records describing my health history, symptoms, examination and test results, diagnoses, treatment,
and any plans for fi	sture care or treatment. I understand that this information serves as:
- a basis for	clanning my care and treatment;
- a means of	communication among the many health professionals who contribute to my care;
- a source of	information for applying my diagnosis and surgical information to my bill;
- a means by	which a third-party payer can verify that services billed were actually provided; and
 a tool for ro professions 	utine healthcare operations such as assessing quality and reviewing the competence of healthcare is.
I acknowledge that	I have read and understand the NOTICE OF PRIVACY PRACTICES that has been provided by the office
of Aligned Wellness	+. I also understand that I may request a copy of this notice at any time, for a fee. I understand that I have
rights and privilege	s that include, but are not limited to, the following:
- the right to	review the notice prior to signing this acknowledgment;
- the right to	object to the use of my health information for directory purposes; and
- the right to	request restrictions as to how my health information may be used or disclosed in order to carry out treatment,
payment, o	healthcare operations.
I understand that A	igned Wellness + is not required to agree to the restrictions requested. I understand that I may revoke this
	except to the extent that the authorization has already taken action in reliance thereon. I also understand
	ign this consent or revoking this consent, this organization may refuse to treat me as permitted by
Section 164, 506 a	the Code of Federal Regulations.
I further understand	I that Aligned Wellness + reserves the right to change their notices and practices, and prior to implementation,
in accordance with	Section 164.520 of the Code of Federal Regulations, should Aligned Wellness + change their notice, they will
send a copy of any	revised notice to the address I have provided (whether U.S. mail or; If I agree, email).
I would like to have	the following restrictions to the use of my healthcare information.
I understand that a	s part of this organization's treatment, payment, or healthcare operations, it may be necessary to disclose my
protected health int	ormation to another entity and I consent to such disclosure for these permitted uses, included disclosures via fa
I understand and a	coupt the terms of this consent.
Signature	(Please print and sign) Date



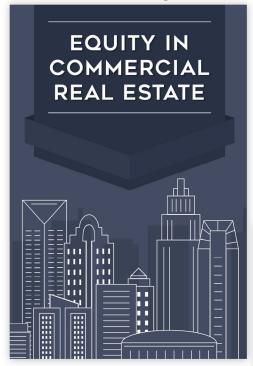
Company Event Design Client

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EQUITY IN COMMERCIAL REAL ESTATE DEI EVENT



Welcome Sign



Name Badge



Invitation



Sponsor Sign



Statistics Sign



LA DESIGN BOUTIQUE for Catering Concierge



Logo Design and Branding Client

Providing a lookbook for client to showcase all the different virtual events that can be held. The lookbook features detailed explanations of each experience along with eyecatching visuals and varying designs across each page.

CATERING CONCIERGE LOOKBOOK



















LA DESIGN BOUTIQUE for Jennifer Katz, Inc.



Marketing Client

Providing digital marketing graphics and flyers for companies. We work with you closely throughout the design process and give you a variety of options to choose from while keeping your brand identity in mind.

JENNIFER KATZ, INC.







Company Magazine Ad

Jennifer Katz, UNC

speech language pathology



















- In Person and Telehealth Sessions
- Contracted with 15 Insurance Plans
- · School Screenings
- Bilingual Spanish/English Therapists • Golden Gate Regional Center Vendor
- Parent and Teacher Trainings

www.katzspeech.com • (415)255-9395 • info@katspeech.com



Company Program Flyer



$\mathit{In-home}$ intensive FEEDING PROGRAM



Announcing a three week, in-home, intensive feeding therapy program. This program includes approximately 25 hours of direct support with your child and caregivers.

- This program is appropriate for:
 Children with sensory, motor and behavioral feeding disorders
 Children who have made limited to no gains in weekly therapy
- Children ages 12 months and older
- Children at risk for feeding tube placement
 Children who have ongoing poor weight gain and nutrition which is affecting their health and development



THIS PROGRAM INCLUDES:

- **Pre-Planning Visit** Prior to the onset of treatment, Jennifer Katz will work with you (and your child) to develop an appropriate treatment plan. This may occur via telehealth.
- Week ONE June 20 to June 25 Consists of six, one-hour, consecutive daily treatment sessions to establish a successful at-home feeding program.
- Week TWO June 27 to July 2 Consists of six, one-hour, consecutive daily treatment sessions with the purpose of training and co-treating with
- Week THREE July 5 to July 9 Consists of six, one-hour, consecutive daily treatment sessions with the continued focus on caregiver education and transitioning feeding and mealtimes to caregivers.
- Post Program Follow-up A two-week check-in to trouble shoot any questions and to ensure ongoing advancement of feeding program. This may occur via telehealth.

This feeding program is customized for each child and their family utilizing a variety of approaches including the Division of Responsibility Model, Get Permission Approach, The Sequential Sensory Oral or SOS Approach, AEIOU Systematic Approach, Beckman Oral Motor, and Responsive Feeding Techniques

REQUIREMENTS:

- · Comprehensive, recent feeding assessment Please submit your assessment for review. We are happy to review your most recent assessment; however, we reserve the right to request an updated assessment.
- Preference to families in San Francisco. If space allows, we will consider a family in Marin, East Bay or the Peninsula. Additional travel
 - A parent or familiar caregiver must be present for all sessions.

COST: \$5500.00 (Deposit of \$2500 due by June I)

Jennifer Katz, MS, CCC-SLP has been a speech language pathologist for over 25 years. She has specialized in pediatric feeding disorders and picky eaters for her entire career. She is trained in oral motor, sensory and behavioral feeding methods. Jennifer Also has extensive training in working with children with tethered Oral Tissues (TOTs). In addition to her hands-on work she mentors aspiring feeding therapists.

415 255 9395 www.katzspeech.com info@katspeech.com





LA DESIGN BOUTIQUE for Douglas Hill Photography

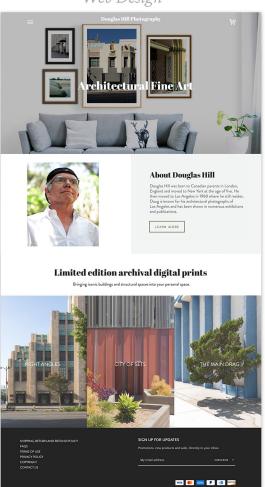


Web Audit and Digital Marketing Client

Providing website auditing and digital marketing designs for companies across different mediums and products. We work with you closely throughout the design process so you have complete control on realizing your vision and send digital proofs to you so you can fully picture the finished products.

DOUGLAS HILL PHOTOGRAPHY

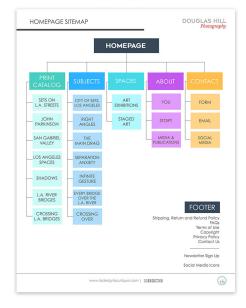
Web Design



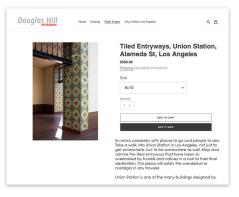




Site Map Organization



Product Listing Recommendations and Tips



Accountability Checklists



SEO Information

