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## C.A.R.E. - Complementary Alternative Resources & Education

**Modality (therapy):** \_\_\_\_\_

Is this therapy covered under any medical insurance programs?		Could it qualify under a Medical Reimbursement Account?	
YES	NO	YES	NO

**This therapy can help with:** (please check items)

<input type="checkbox"/>	Academic Issues	<input type="checkbox"/>	General Learning Disorders
<input type="checkbox"/>	ADD	<input type="checkbox"/>	Guilt
<input type="checkbox"/>	Addictions	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Hyperactivity
<input type="checkbox"/>	Anger Management	<input type="checkbox"/>	Impulsiveness
<input type="checkbox"/>	Anxiety Disorders	<input type="checkbox"/>	Insomnia
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Memory Problems
<input type="checkbox"/>	Auditory Processing Disorder	<input type="checkbox"/>	Mood Disorders
<input type="checkbox"/>	Autism Spectrum Disorders	<input type="checkbox"/>	Nightmares
<input type="checkbox"/>	Bipolar Disorder	<input type="checkbox"/>	Non Verbal Learning Disabilities
<input type="checkbox"/>	Borderline Personality Disorder	<input type="checkbox"/>	OCD
<input type="checkbox"/>	Brain Lock	<input type="checkbox"/>	Oppositional Defiant Disorder (ODD)
<input type="checkbox"/>	Burnout	<input type="checkbox"/>	Panic Disorder
<input type="checkbox"/>	Chronic Fatigue Syndrome	<input type="checkbox"/>	Post Traumatic Stress Disorder (PTSD)
<input type="checkbox"/>	Complicated grief	<input type="checkbox"/>	Seasonal Affective Disorder
<input type="checkbox"/>	Conduct Disorder	<input type="checkbox"/>	Self Harm
<input type="checkbox"/>	Depression	<input type="checkbox"/>	Sensory Integration Disorder
<input type="checkbox"/>	Digestive Issues	<input type="checkbox"/>	Separation Anxiety
<input type="checkbox"/>	Disconnectedness	<input type="checkbox"/>	Social & Relationship Issues
<input type="checkbox"/>	Down's Syndrome	<input type="checkbox"/>	Stress
<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	Shyness
<input type="checkbox"/>	Explosive Children	<input type="checkbox"/>	Tourette's Syndrom
<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Ulcers
<input type="checkbox"/>	Fibromyalgia	<input type="checkbox"/>	Weight Loss
<input type="checkbox"/>	Focus/Concentration		

**PRACTITIONERS/SOURCES:** *Practitioner, address and phone numbers, along with websites. Facebook page, twitter account, blog, etc. Any information that can direct the potential client to the practitioner.*

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***Bridging the GAP between traditional and complementary practices***

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