

FAST FACTS

1. The choice of physical therapy provider is yours – choose the best.
2. We are a local privately owned professional health services company providing expert services.
3. Physical therapy services are a covered benefit of most health insurance plans.
4. We accept most insurance plans and can help if cost is a problem.
5. We specialize in physical movement, performance and comfort problems involving bones, joints, muscles, and nerves.
6. Our focus is on treating causes not just symptoms – a distinction that makes a difference.
7. If you have one or more of the following concerns, we can help:
 - “It hurts when I...”
 - “I can’t do...”
 - I’m afraid that...”
 - “I want to be able to...”

For information and convenient scheduling contact us today.

CONTACT

Shea Physical Therapy
165 North Arlington Heights Road
Suite 170
Buffalo Grove, IL 60089

Phone: (224) 676-0450
www.SheaPT.com

Hours: By Appointment



Referral
Rx

*Discuss the benefits of
Shea PT with your physician.
Convenient Appointments Available.*

Patient Name: _____

DOB: _____, Male, Female

Diagnosis: _____

Improve pain, movement, stability, & function

Evaluate & Treat (OR, specify...)

- | | | |
|---|---|---|
| <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> ROM / Flexibility | <input type="checkbox"/> Hot / Cold Packs |
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Strength / Endurance | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Neuro-Reeducation | <input type="checkbox"/> Function / ADLs | <input type="checkbox"/> Electrical Stimulation |
| <input type="checkbox"/> Orthotics | <input type="checkbox"/> Balance / Coordination | <input type="checkbox"/> Iontoporesis |
| <input type="checkbox"/> Post-Op Rehab | <input type="checkbox"/> Biomechanics / Posture | <input type="checkbox"/> Vasopneumatic Pump |
| | <input type="checkbox"/> Gait / Locomotion | <input type="checkbox"/> Other.. |

Frequency & Duration as needed (OR, specify...)

Contraindications / Precaution:

Special Instructions:

Referring Physician / Health Professional

Signature

Date

Print Name

Phone