



Spring Creek Recovery Center



23 East Ross Ave., Sapulpa, OK 74066

918.216.4999

Easy Referral Process

1. Contact Spring Creek Recovery Center in Sapulpa at (918) 216-4999.
2. Provide information over the phone (takes approximately 5-10 minutes). A staff member from Spring Creek will obtain information concerning the individual (see below for example of questions).
3. If a bed/space is available, and there is no issue requiring medical clearance, the individual will be asked to be transported to Spring Creek Recovery Center in Sapulpa for an assessment.
4. If there is a medical concern or issue, the individual will be asked to obtain medical clearance prior to coming to Spring Creek.
5. If a bed/space is not available, the LMHP will provide referrals for other agencies with availability.



**Below are examples of questions that will be asked during the referral call.
Most calls are completed within 5 to 10 minutes.**

Calling: Who is the Referring Entity? What is the name and phone number of the caller?

Guest Information: What is the individual's full name, address, county of residence, age, date of birth, social security number, and gender?

Payer Source/Insurance: Is the individual covered by DMH, Medicaid, Private Insurance or another source? If so, what is their member ID and group number.

Custody: Does the Guest have a legal guardian? Were legal documents obtained? What is the legal guardian's name, address and phone number (if applicable)?

Current Concern: What is the reason for the referral?

Mental Health/Substance Use: Within the last 24 hours, has the Guest presented with any of the following:

- Episodes of impulsivity and/or physical aggression that endangered self or others
- Suicidal statements/threats, intentions or attempts
- Homicidal statements/threats, intentions or attempts
- Depression that makes it difficult to function in daily life (isolation, feeling sad, hopelessness, etc.)
- Loss of reality testing/Hallucinations (hearing or seeing things others do not see or hear)
- Use of alcohol and/or drugs

If yes, please describe.

Additional Information: Does the Guest have any developmental disabilities? If so, what is their reported IQ? Has Guest recently engaged in criminal behavior or have pending charges? Has the Guest been ill in the past ten days? Has the Guest experienced any injuries within the past 30 days? Does the Guest have any medical issues?

If yes to any questions above, please describe.

Is there any additional information you'd like to provide?

