Doug Tweedy, M.A.

Preliminary Information

Purpose

The physical, emotional, and moral areas all play a part in our development. Often, we struggle with issues in one or more of these areas.

The purpose of pastoral counseling is to meet you at your point of need and to help you work through the issues with which you struggle. Through pastoral counseling the goal is to create a restorative and redemptive environment to help you in developing your God-given uniqueness and to help you mature in your relationship with God.

It is important that you know that a pastoral counselor is not a licensed psychologist or marriage, family and child therapist (M.F.C.C.). However, it is also important that you know that you are seeking professional clinical counseling assistance.

The First Session - A Beginning

Your first session involves learning about your desire for counseling and gathering a brief personal history to understand your needs.

A regular appointment day and time will be arranged if this has not already been done. Each session will last approximately 45-50 minutes. Your counselor is committed to this time, so if you need to cancel or change your appointment time, please give a least 24-hour notice.

Cost

Per session cost is $170. If cost is an issue for you, please discuss this with me, I have the discretion to adjust your fee.

Firm Appointment Policy

You are being asked to pay for all missed appointments unless you reschedule your appointments. If you cannot reschedule your appointment(s) during the week, you will be asked to pay. If I cannot reschedule your appointment, you will not be asked to pay. It is your responsibility and in your best interest to be here for your appointment each week. This policy is to encourage you to keep each scheduled appointments and is not intended as a punishment. Exceptions can be made by prearrangement with your counselor, or in cases of an emergency.

Payment

Payment is due weekly. If you cannot pay weekly, please discuss this with your counselor before your appointment. If you plan to pay by check, please have your check written out before you come.

Finally, it is a privilege to be of help to you. Your choice to seek assistance now is courageous and commendable.

Doug Tweedy MA

Pastoral Counselor

(Please sign back of page)

Rev. 10/23/25

I have read and satisfactorily understand the above information regarding pastoral counseling.

Counselee_____ Date _____

Counselee_____ Date _____

Guardian (if under 18 y/o) _____ Date _____

Counselor_____Date _____

DOUG TWEEDY, MA

General Information

Name_____

Date of Birth ___/____/_____ Age _____

Marital Status: ☐Married ☐Single ☐Separated ☐Divorced ☐Remarried ☐Widowed

Address _____
Street City Zip State

Home Phone _____ Cell Phone _____

E-mail address _____Best time to call_____

Emergency Contact: _____ Relationship _____

Education Level: ☐High School ☐College ☐Graduate School

Member of Cornerstone Church Y N Religious Affiliation: _____

Estimated Gross Annual Income of Household $_____

Place of employment _____

Phone_____

Length of employment _____ Position _____

When was your last annual physical _____

Are you using any prescription medications currently? ☐ yes ☐ no Please List_____

_____

Previous Counseling Experiences_____ Date _____

_____ Date _____

Are you seeing a Psychiatrist _____

If so whom _____ When _____

Referred to me by _____

Douglas Tweedy, M.A.
Pastoral Counselor

Confidentiality Form

Confidentiality and privileged information are the rights of all people involved in pastoral counseling. Except as discussed below, it is understood that all communication during counseling sessions between pastoral counselor and counselee is confidential.

As your pastoral counselor I may be supervised by another more experienced pastoral counselor, a licensed psychologist or marriage and family counselor. As part of that supervision it may be necessary for your counselor to reveal confidential information you have shared. The supervisor is also bound by the same ethics and rules regarding confidentiality.

It is important that you understand that a pastoral counselor is not a licensed psychologist or marriage and family counselor. However, the ethics and policies regarding confidentiality of communication will be the same as those of a licensed psychologist or marriage and family counselor.

The following paragraphs delineate the exceptions to communication between the pastoral counselor and counselee and the counselor's duty to inform potential victims and appropriate law enforcement authorities.

It is policy, when information is revealed, to notify the appropriate authorities regarding the physical, sexual, emotional or mental abuse of children and/or elders.

It is policy, when information is revealed, to the pastoral counselor, which leads the pastoral counselor to believe that there is a risk of physical harm to a third party from the counselee, to warn the potential victim and the police.

It is policy that whenever the pastoral counselor believes an imminent danger of physical harm or suicides exists, to reveal such information as is necessary, and involve such family members, friends and authorities as they believe necessary to prevent the counselee from causing harm to himself/herself.

I have read the confidentiality agreement above I have had an opportunity to discuss with the pastoral counselor the policies regarding confidential communication and I am satisfied that I understand them, I understand that when I accept pastoral counseling from a pastoral counselor that Iam agreeing to this policy and authorize the release of confidential information as set forth above.

I hereby authorize that I have read and discussed the above policies with my counselor.

Counselee _____ **Date** _____

Guardian _____ **Date** _____

Counselor _____ **Date** _____

FAMILY INFORMATION

Marital status - current: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow/er ☐ Partner ☐ Dating ☐

If married: Age of Spouse: _____ Date of Marriage: _____

If divorced: Date of marriage to ex-spouse: _____ Date of Divorce: _____

If divorced more than once: Date of previous marriage: _____ Date of Previous Divorce:

If separated: Date of Separation: _____

If involved with a "significant other": His/her name _____ His/her occupation. : _____

Would you describe your intimate relations as satisfactory or unsatisfactory? _____

Children: Names and Ages: _____

Are your children living with you? _____

Other children living with you: Names, Ages, and their Relationship to You : _____

_____

Other adults living with you:

FAMILY HISTORY

Parents: Father: Age _____ Occupation _____

Mother: Age _____ Occupation _____

Did you grow up with both parents in the home? Y ☐ N ☐

If your parents divorced, what age were you? _____ Custody Arrangement:

Step-father: Age _____ Step-mother: Age _____

Do you feel closest to your Father? ☐ Mother? ☐ Step Mother? ☐ Step Father? ☐ None ☐ Other:

Briefly describe your relationship with your Father _____

With your Mother _____

Siblings: Brothers' first names & ages _____

Sisters' first names & ages _____

Other: Please explain if any member of your family has ever suffered from anything which could be described as an "emotional" or "psychological" problem : _____

_____

_____

_____

Please mention any history of domestic violence, child abuse or sexual abuse in your family:

Please comment on any history of alcohol abuse or illegal drug use in your family:

MEDICAL INFORMATION

Current Weight _____ One Year Ago _____ Maximum _____ When _____

Do you exercise regularly? Y ☐ N ☐ How? _____ _____ _____

Do you sleep well? Y ☐ N ☐ Amount (hours) _____ Easy to get to sleep? Y ☐ N ☐

What recreation do you enjoy? _____ _____

Primary Physician _____ City _____

Date of last physical _____ _____

The hardest time in your development was: Preschool ☐ Grade School ☐ Jr. High ☐ High School ☐ College ☐ Now ☐