Jake's Place
Men's Barbering
Lounge & Spa
222 W. 21st Street
Suite E
In Historic Ghent
Norfolk, Virginia 23517
757.627.5253 (JAKE)

SHAVE QUESTIONNAIRE

Name _____

Do any presently take the following Medication? (Circle all that apply)

Anticoagulants/Blood Thinners Such As:
Aspirin Warfarin Coumadin Lovenox
Plavix Enoxaparin Clopidogrel

Any other prescription or non-prescription medications? (Circle all that apply)
Ibuprofen Prednisone
Other_____
Do you use any of the following on your skin? (Circle all the apply)
Accutane Topical Vitamin C Glycolic Acid/Alpha Hydroxy Acid
Hydroquinone Retinoid (Retin-A, Differin Gel)

If other, please explain_____

Have you ever had an allergic reaction to any skin product or cosmetic? Yes No

In case of emergency, please notify: Name _____

Phone _____ Relationship _____

I have completed this form to the best of my knowledge. Information exchanged during my massage therapy session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my discretion. Jake's Place is not responsible for the aggravation of any condition that was not disclosed to the technician. I agree to inform my therapist immediately at the onset of any discomfort so that I have the best shave experience possible.

Signature _____ Date _____