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| Iris Evaluation Form |
| Client Name: |  | Age: |  |
| Address |  |
| Country: |  |
| E-mail: |  | Phone: |  |
| Client Signature: |  | Date: |  |
| [ ]  Asked for and received permission from the client to look in her/his eyes. |
| [ ]  Explained to the client, what I would be doing and why. |
| **CONSTITUTIONAL TYPE** |
| [ ]  Lymphatic (Blue) | [ ]  Biliary (Mixed: Blue & Brown) | [ ]  Hematogenic (Brown) |
| **SUBTYPE BY STRUCTURE** |
| [ ]  Neurogenic | [ ]  Polyglandular | [ ]  Connective Tissue | [ ]  Anxiety Tetanic |
| **SUBTYPE BY COLOR** |
| [ ]  Overacid | [ ]  Mild | [ ]  Moderate | [ ]  Significant | [ ]  N/A |
| [ ]  Febrile | [ ]  Mild | [ ]  Moderate | [ ]  Significant | [ ]  N/A |
| [ ]  Hydrogenoid | [ ]  Mild | [ ]  Moderate | [ ]  Significant | [ ]  N/A |
| [ ]  Uric Acid Diathesis | [ ]  Mild | [ ]  Moderate | [ ]  Significant | [ ]  N/A |
| [ ]  Scurf Rim | [ ]  Mild | [ ]  Moderate | [ ]  Significant | [ ]  N/A |
| [ ]  Ferrum Chromatose | [ ]  Mild | [ ]  Moderate | [ ]  Significant | [ ]  N/A |
| **LIPEMIC DIATHESIS** |
| [ ]  No | [ ]  Mild | [ ]  Moderate | [ ]  Significant |
| If yes, location: |  |
|  |  |
| **PHYSICAL RESILIENCY** |
| [ ]  Resilient | [ ]  Moderately Resilient | [ ]  Mildly Resilient |

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| Client Name: |  | Page 2 |

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| **PIGMENTS** |
| **Color** |  | **Location(s) in Right Eye** |  | **Location(s) in Left Eye** |
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| [ ]  Central Heterochromia – Color  |  |
| [ ]  No pigments |  |

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| **COLLARETTE SIGNS** |
| **Right Eye** |  | **Left Eye** |
| Placement: |  |  |  |
| Balanced | Constricted | Atonic |  |  |  |
| Quality: |  |  |  |
| Absent | Thin & Wispy | Thick & Ropey |  |  |  |
| Shape: |  |  |  |
| **J**agged, **D**ouble, **I**ntermittent, **S**quare, **R**aised Gateway, Arch or Bridge, **C**ollarette w/ **F**rontal **I**ndentation, **M**eerschaum |  |  |  |
| **NUTRITIVE ZONE** |
|[ ]  Comb Teeth |  |  |  |
|[ ]  Black Pupillary Border |  |  |  |
|  | [ ]  Yes | [ ]  No |  |  |  |
|[ ]  Crypts |  |  |  |
|[ ]  Stomach Ring |  |  |  |
|  | [ ]  Lighter | [ ]  Darker |  |  |  |
|[ ]  Radial Furrows |  |  |  |
|[ ]  Angle of Fuchs |  |  |  |
|[ ]  Square Collarette |  |  |  |
|[ ]  Contraction Furrows |  |  |  |
| NOTES |
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| Client Name: |  | Page 3 |
| **IRIS SIGNS** |
| Note any significant iris signs: types of lacuna, crypts, transversals, or other markings and where they are located and what zone (1:30, 8:00, etc.). |
| **Right Eye** |  | **Left Eye** |
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| **PUPIL SIZE** |
| [ ]  Normal | [ ]  Mydriasis | [ ]  Miosis | [ ]  Anisocoria | [ ]  Hippus |
| **PUPIL SHAPE** |
| **Location(s) in Right Eye** | **Location(s) in Left Eye** |
| Flattening(s) |  |  |
| Ellipse |  |  |
| [ ]  Normal – no flattening or ellipses |  |

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| **SCLERA SIGNS** |
| **Signs** |  | **Location(s) in Right Eye** |  | **Location(s) in Left Eye** |
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| NOTES |
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| Client Name: |  | Page 4 |

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| **SUMMARY OF CLIENT EVALUATION** |

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| Client Name: |  | Page 5 |

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| **SUMMARY OF CLIENT EVALUATION** |

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| Client Name: |  | Page 6 |

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| **SUMMARY OF CLIENT EVALUATION** |

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| Client Name: |  | Page 7 |

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| **SUMMARY OF CLIENT EVALUATION** |

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| Client Name: |  | Page 8 |

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| **SUMMARY OF CLIENT EVALUATION** |