

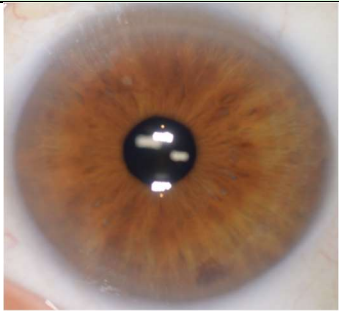
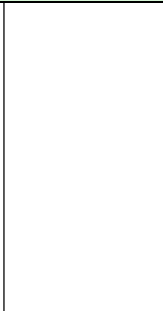
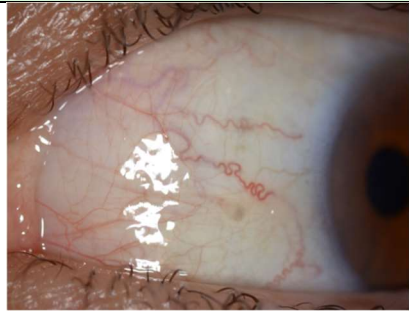

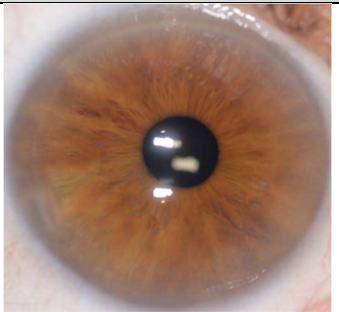
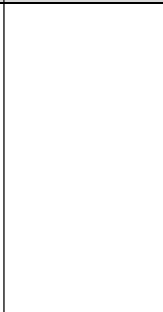




Iris Evaluation Information and Instructions

As you continue on this journey toward IIPA Comprehensive® Iridology certification, it is required that you look into and evaluate the eyes of ten (10) individuals to help you gain confidence and become comfortable with the process of looking into someone’s eyes and identifying the things you learned in your studies. These evaluations may be performed on fellow students you met in class or other individuals such as family, friends, or acquaintances who are willing to work with you.

- Complete the General Information page and use it as a cover page when you submit your ten (10) Iris Evaluations to your Instructor. It is not necessary to complete this page for each evaluation.
- Make ten (10) blank copies of the Iris Evaluation sheets and use them to record each of your evaluations.
- When you have completed all ten (10) Iris Evaluations, send them to your Instructor for review and comments. Your Instructor will tell you where to send them. (Do not send 1 or 2 at a time.)
- Record the name and age of your client as well as the date of the evaluation. Have each client sign the form to indicate that the evaluation was completed. Be sure to record the client’s name on the second page as well as the first.

It is not necessary for you to come to any conclusions with these evaluations but rather to show that you understand the concepts and can identify colors, subtypes, signs, etc. in a “live” evaluation.

IRIS EVALUATION #			
			
Left Iris	Left Iris	Left Nasal Sclera	Left Temporal Sclera
			
Right Iris	Right Iris	Right Nasal Sclera	Right Temporal Sclera



Iris Evaluation Form

IIPA Student Name: Brenda Generali

Client Name: Iris Evaluation Practice

Client Age: Unknown Date: 11-17-20

Client Signature: None

- 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.
- Note degree of sign you may put: “M”= Mild, “MM”= Moderate, “S”= Significant

CONSTITUTIONAL TYPE

- Lymphatic Biliary Hematogenic

SUBTYPE BY STRUCTURE

- Neurogenic Polyglandular Connective Tissue Anxiety Tetanic

SUBTYPE BY COLOR

- | | | | | |
|---|--|--|--------------------------------------|------------------------------|
| <input type="checkbox"/> Overacid | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Significant | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Febrile | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Significant | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Hydrogenoid | <input type="checkbox"/> Mild | <input checked="" type="checkbox"/> Moderate | <input type="checkbox"/> Significant | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Uric Acid Diathesis | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Significant | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Scurf Rim | <input checked="" type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Significant | <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> Ferrum Chromatose | <input type="checkbox"/> Mild | <input checked="" type="checkbox"/> Moderate | <input type="checkbox"/> Significant | <input type="checkbox"/> N/A |

LIPEMIC DIATHESIS

- No Mild Moderate Significant

If yes, location: _____

PHYSICAL RESILIENCY

- Resilient Moderately Resilient Mildly Resilient



Client Name: **Iris Evaluation Practice**

Page 2

PIGMENTS

Color	Location(s) in Right Eye	Location(s) in Left Eye
Yellow	Nutritive Zone	Nutritive Zone
Orange	4-4:30 Liver/Spine RFs	Sinus, Pancreas, Shoulder, RFs @2
Brown		Ovary, Testes RF's @5
Brown		Pelvis RF
Brown		Vagina/Penis, Bladder RF @7
Orange	Arm/Hand RF @8	
Orange	Bronchial/Breast RF @8:30	Adrenal/Kidney RF @ 6:30
Orange	Adrenal/Kidney RF @5:30	Bronchus/Throat RF @8:45

Central Heterochromia – Color Yellow and Orange

No pigments

COLLARETTE SIGNS

	Right Eye	Left Eye
Placement:	Balanced and Constricted	Balanced and Constricted
Quality:	Ropey, Absent, Thin & Wispy	Ropey, Absent, Thin & Wispy
Shape:	Mildly Jagged	Mildly Jagged

NUTRITIVE ZONE

<input checked="" type="checkbox"/> Comb Teeth	Yes	Yes
<input checked="" type="checkbox"/> Inner Gray Border	Yes	Yes
<input checked="" type="checkbox"/> Crypts	Yes	Yes
<input checked="" type="checkbox"/> Stomach Ring: Whiter or Darker	Darker	Darker
<input checked="" type="checkbox"/> Radial Furrows	No	No
<input checked="" type="checkbox"/> Angle of Fuchs	No	No
<input checked="" type="checkbox"/> Square Collarette	No	No
<input checked="" type="checkbox"/> Contraction Furrows	Yes	Yes

NOTES

- 1.
- 2.
- 3.



Client Name: Iris Evaluation Practice

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

Lipemic Diathesis (all the way around)
Scurf Rim (all the way around)
Contraction Furrows (all the way around)
Defect Signs
Lacuna 10 Pancreas/Shoulder RF
Lacuna Bronchial RF, 9
Rib Leaf Lacuna at Liver, Pancreas Body RFs @4

Lipemic Diathesis (all the way around)
Scurf Rim (all the way around)
Contraction Furrows (all the way around)
7:15 Urinary/Bladder
Beak Lacuna, Thymus RF 3:15
Defect Sign, Heart RF, 3
Lacuna @ Pancreas and Shoulder RFs

PUPIL SIZE

Normal Mydriasis Miosis Anisocoria Hippus

PUPIL SHAPE

Location(s) in Right Eye

Location(s) in Left Eye

Flattening(s) Inferior Temporal, Superior Nasal, Ventral

Superior Nasal, Superior Temporal, Inferior Nasal, Inferior Temporal, Lateral and Medial

Ellipse None

Normal – no flattening or ellipses

SCLERA SIGNS

Signs	Location(s) in Right Eye	Location(s) in Left Eye
Encapsulation Sign	Right Nasal	
Curved Back on Itself		Liver, Lumbar, Thoracic
Meandering Vessel		Bronchial
Trauma Fork		Uterus, Prostate into Hip, Stomach splitting into Coxyx RFs
Pink Sclera	Both	Both
Circulation Sign	Cerebellum & Limbic	Cerebellum & Limbic
Trauma Fork		Rectum to Kidney/Adrenal splitting into Transverse Colon and Hip & Low Back

NOTES

1.
2.
3.



Client Name: Iris Evaluation Practice

Page 4

SUMMARY OF STUDENT EVALUATION

1. Mixed Biliary Iris Type
2. Polyglandular and Anxiety Tetanic Subtypes by Structure
3. Hydrogenoid, Scurf Rim and Ferrum Chromatose Subtypes by Color
4. Lipemic Diathesis
5. Brown Pigment

With a mixed biliary iris the genetic tendencies are digestive so liver, gallbladder, colon, stomach, and pancreas. These are the areas I would work on to improve your health.

Also because of the Lipemic Diathesis and the brown pigment in your iris I would follow up with an MTHFR blood test to find out if you are methylating. Methylating is a fancy word for detoxing which the liver does around 3 am in the morning while most people are sleeping. If you find out that you have a gene error then we can work on that.

I would also be careful with your diet making to sure to eat a heart healthy diet and I would follow the whole30.com program that can help with any inflammatory issues. Because you have orange in your eye you can have some blood sugar imbalanced and the whole30.com program is a modified paleo which can help that.

As far as supplements are concerned, I would use things like milk thistle, omega 3's and other supplements to help the liver and circulation. Until we know the results of your MTHFR I would use the milk thistle to build and cleanse the liver. Also I would work on improving digestion with food enzymes and hydrochloric acid.

Stress also seems to be a factor so I would work with nervine herbs and a balanced b-complex.

Your next appointment with me will be in 30 days. At that time we will look at your progress and determine the next step towards your goal.