



Iris Evaluation General Information

Date Submitted: _____

IIPA Instructor Name: _____

Student Name: _____

Address: _____

City/Province: _____

State: _____ Postal Code (Zip): _____

Country: _____ Primary Phone: _____

E-mail: _____

For Instructor's / Grader's Use Only

Instructor or Grader Name: _____

Comments: _____



Iris Evaluation Form

IIPA Student Name: _____

Client Name: _____

Client Age: _____ Date: _____

Client Signature: _____

- 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 type="checkbox"/> Hydrogenoid | <input type="checkbox"/> Mild | <input 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 type="checkbox"/> Scurf Rim | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Significant | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Ferrum Chromatose | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Significant | <input type="checkbox"/> N/A |

LIPEMIC DIATHESIS

- No Mild Moderate Significant

If yes, location: _____

PHYSICAL RESILIENCY

- Very Resilient Resilient Moderately Resilient Mildly Resilient



Client Name: _____ Page 2

PIGMENTS

Color	Location(s) in Right Eye	Location(s) in Left Eye
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Central Heterochromia – Color _____
- No pigments

COLLARETTE SIGNS

	Right Eye	Left Eye
Placement:	_____	_____
Quality:	_____	_____
Shape:	_____	_____
Nutritive Zone		
<input type="checkbox"/> Comb Teeth	_____	_____
<input type="checkbox"/> Inner Gray Border	_____	_____
<input type="checkbox"/> Crypts	_____	_____
<input type="checkbox"/> Stomach Ring: Whiter or Darker	_____	_____
<input type="checkbox"/> Radial Furrows	_____	_____
<input type="checkbox"/> Angle of Fuchs	_____	_____
<input type="checkbox"/> Square Collarette	_____	_____
<input type="checkbox"/> Contraction Furrows	_____	_____

NOTES:



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

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

SCLERA SIGNS

Location(s) in Right Eye

Location(s) in Left Eye

NOTES:



IIPA
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