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| Iris Evaluation Form |
| 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. |
| **CONSTITUTIONAL TYPE** |
| [ ] Lymphatic | [ ] Biliary | [ ] Hematogenic |
| **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: |  |  |  |
| Quality: |  |  |  |
| Shape: |  |  |  |
| **NUTRITIVE ZONE** |
|[ ]  Comb Teeth |  |  |  |
|[ ]  Inner Gray Border |  |  |  |
|[ ]  Crypts |  |  |  |
|[ ]  Stomach Ring: Whiter or 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 STUDENT EVALUATION** |