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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** |