# 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.

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| **HOW TO INSERT IMAGES TO FIT IN THE TABLE CELLS BELOW**  **When pasting irises in the table cells, the image will be inserted in its large form. Quick fix: right click on the inserted image, select <Size and Position> then make the<Height> Absolute: 1.16.”**  **The Height Scale at the bottom should have two check marks in the boxes to automatically adjust the width. The width should be 1.74.” DELETE THIS TABLE WHEN DONE!** |

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| **IRIS EVALUATION #** | | | |
|  |  |  |  |
| Left Iris | Left Iris | Left Nasal Sclera | Left Temporal Sclera |
|  |  |  |  |
| Right Iris | Right Iris | Right Nasal Sclera | Rightt Temporal Sclera |

# Iris Evaluation General Information

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| 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***

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| Instructor or Grader Name: |  |
| Comments: |  |
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| 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** | | | | | | | | | | | | | | | |
| 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: |  | | | | | | | | | | | | | | |
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| **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** |