|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Iris Evaluation Form | | | | | | | | | | | | | | | | | | | |
| Client Name: | | |  | | | | | | | | | | | | | Age: | | |  |
| Address | | |  | | | | | | | | | | | | | | | | |
| Country: | | |  | | | | | | | | | | | | | | | | |
| E-mail: | | |  | | | | | | Phone: | | | |  | | | | | | |
| Client Signature: | | |  | | | | | | | | | | | Date: | | |  | | |
| 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 (Blue) | | | | Biliary (Mixed: Blue & Brown) | | | | | | | Hematogenic (Brown) | | | | | | | | |
| **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 | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| 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: | | | | |  |  |  |
| Balanced | | Constricted | | Atonic |
| Quality: | | | | |  |  |  |
| Absent | | Thin & Wispy | | Thick & Ropey |
| Shape: | | | | |  |  |  |
| **J**agged, **D**ouble, **I**ntermittent, **S**quare, **R**aised Gateway, Arch or Bridge, **C**ollarette w/ **F**rontal **I**ndentation, **M**eerschaum | | | | |
| **NUTRITIVE ZONE** | | | | | | | |
|  | Comb Teeth | | | |  |  |  |
|  | Black Pupillary Border | | | |  |  |  |
| Yes | | No | |
|  | Crypts | | | |  |  |  |
|  | Stomach Ring | | | |  |  |  |
| Lighter | | Darker | |
|  | Radial Furrows | | | |  |  |  |
|  | Angle of Fuchs | | | |  |  |  |
|  | Square Collarette | | | |  |  |  |
|  | 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** | | | | |
| **Signs** |  | **Location(s) in Right Eye** |  | **Location(s) in Left Eye** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| NOTES | |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| Client Name: |  | Page 4 |

|  |
| --- |
| **SUMMARY OF CLIENT EVALUATION** |