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## Iris Evaluation Form

Client Name: Evelyn Chachere Age: \_\_\_\_\_

Address \_\_\_\_\_

Country: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: 10/9/23

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

<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: \_\_\_\_\_

Corneal Arcus: all the way around the iris in zones 5-7

### 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 Brown

No pigments

**COLLARETTE SIGNS**

Right Eye		Left Eye
Placement: <small>Balanced    Constricted    Atonic</small>	Balanced and Atonic	Balanced and Atonic
Quality: <small>Absent    Thin &amp; Wispy    Thick &amp; Ropy</small>	Absent	Absent
Shape: <small>Jagged, Double, Intermittent, Square, Raised Gateway, Arch or Bridge, Collarette w/ Frontal Indentation, Meerscham</small>	Jagged	Jagged

**NUTRITIVE ZONE**

<input checked="" type="checkbox"/> Comb Teeth	Yes	Yes
<input checked="" type="checkbox"/> Black Pupillary Border <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Brownish	Brownish
<input checked="" type="checkbox"/> Crypts	Yes	Yes
<input checked="" type="checkbox"/> Stomach Ring <input checked="" type="checkbox"/> Lighter <input type="checkbox"/> Darker	Yes	Slight
<input checked="" type="checkbox"/> Radial Furrows	No	No
<input checked="" type="checkbox"/> Angle of Fuchs	No	No
<input checked="" type="checkbox"/> Square Collarette	No	No
<input checked="" type="checkbox"/> Contraction Furrows	No	No

**NOTES**

1.	_____
2.	_____
3.	_____



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**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**

Leaf Lacuna, Adrenal/Hip/Thigh/Kidney RF, 6 PM, Zones 3-4

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Medusa Lacuna, Bronchus, Thyroid, PT, Vocal Cords, Larynx, Trachea, Esophagus, Cervical Spine RF, 2:30-3:30

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Leaf Lacuna, Adrenal/Hip/Thigh/Kidney RF, 6 PM, Zones 3-4

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Medusa Lacuna, Bronchus, Thyroid, PT, Vocal Cords, Trachea, Larynx, Esophagus, Cervical Spine RF, 8:30-9:30

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Possible shoe lacuna at ear and neck RF, 1:30-1:45, Zones 3-5

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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)	Ventral, Inferior Temporal, Superior Nasal, Inferior Nasal, Lateral Temporal	Inferior Nasal, Inferior Temporal, Frontal, Ventral
Ellipse		

Normal – no flattening or ellipses

**SCLERA SIGNS**

Signs	Location(s) in Right Eye	Location(s) in Left Eye

**NOTES**

1.	
2.	
3.	
4.	
5.	



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## SUMMARY OF CLIENT EVALUATION

Client has a brown hematogenic iris constitution with a neurogenic subtype. Lipemic diathesis is significant and needs to be addressed first.

Blood sugar this morning was 107 and at 10:59 it was 74 so there is definitely blood sugar imbalance that is noted with the Lipemic Diathesis. ZYTO suggested Blood Sugar Formula to balance the blood sugar, Butcher's Broom to clean the veins, and Cholesterol Reg to regulate the cholesterol.

Blood tests ordered include: MTHFR, Homocysteine, Cholesterol panel, Metabolic panel, A1C, Glucose, Vitamin D, Iron, and for Thyroid the TSH, T3, and T4.

I would use the Blood Sugar Formula, Bowel Detox, and BP-X that ZYTO suggested as well as include Chromium Picolinate, Liquid Minerals, Liposomal C, D, Glutathione.

As far as dealing with feeling hopeless in communicating, I suggested "How to Say it" books as this might help along with working towards communicating in a softer manner.