



P.O. Box 485

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Web Site: <http://www.joyfullivingservices.com>

## 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



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: _____	_____
Quality: _____	_____
Shape: _____	_____

NUTRITIVE ZONE	
<input type="checkbox"/> Comb Teeth	_____
<input type="checkbox"/> Inner Gray Border	_____
<input type="checkbox"/> Crypts	_____
<input type="checkbox"/> Stomach Ring: Whiter or Darker	_____
<input type="checkbox"/> Radial Furrows	_____
<input type="checkbox"/> Angle of Fuchs	_____
<input type="checkbox"/> Square Collarette	_____
<input type="checkbox"/> Contraction Furrows	_____

**NOTES**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



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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**


### 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

1.	
2.	
3.	
4.	



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Client Name: \_\_\_\_\_

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## SUMMARY OF STUDENT EVALUATION