



Brenda R. Generali, CCII, CCI, CNC, CH  
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## 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

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

### PHYSICAL RESILIENCY

Resilient       Moderately Resilient       Mildly Resilient



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**PIGMENTS**

Color	Location(s) in Right Eye	Location(s) in Left Eye
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Central Heterochromia – Color \_\_\_\_\_
- No pigments \_\_\_\_\_

**COLLARETTE SIGNS**

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

**NUTRITIVE ZONE**

- Comb Teeth \_\_\_\_\_
- Black Pupillary Border \_\_\_\_\_  
 Yes     No
- Crypts \_\_\_\_\_
- Stomach Ring \_\_\_\_\_  
 Lighter     Darker
- Radial Furrows \_\_\_\_\_
- Angle of Fuchs \_\_\_\_\_
- Square Collarette \_\_\_\_\_
- Contraction Furrows \_\_\_\_\_

**NOTES**

1.	_____
2.	_____
3.	_____



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.	
5.	



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