

Iris Evaluation Form

Client's Name _____ Date: _____

Asked for and received permission from the client to look in her/his eyes.

Constitutional Type

Lymphatic Biliary Hematogenic

Subtype by Color

Over acid Tiger Striping Hydrogenoid
 Uric Acid Scurf Rim/Epidermis Ring
 None

If hydrogenoid, color(s) of tophi? _____

If hydrogenoid, location(s) of tophi? _____

Lipemic Diathesis – Cholesterol Plaque Ring

Yes No

If yes,
location: _____

Constitution by Structure

Neurogenic Connective Tissue
 Anxiety Tetanic /Contraction Furrows Polyglandular
 Mild Medium Robust

Collarette

Right Eye

Left Eye

Placement:

Quality:

Shape:

Placement = Balanced ~ Constricted ~ Atonic (Large)

Quality = Normal ~ Absence ~ Thin ~ Ropy

Shape = Normal ~ Broken ~ Jagged ~ Square ~ Double ~ Cat's Ears

Pupil Shape

Location(s) in Right Eye

Location(s) in Left Eye

Flattening(s) _____

Ellipse _____

Normal – No flattening or ellipses

Pigments

Color

Location(s) in Right Eye

Location(s) in Left Eye

No pigments

Stomach Halo / Stomach Ring Yes No

Signs

Note any significant signs (types of lacuna, crypts, transversals or other markings) and where they are located (1:30, 8:00, etc.)

Right Eye

Left Eye

List Top Two or Three Priorities

1. _____ 2. _____ 3. _____