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	Iris E	valuation Fg	rm	Ollent Names
Client Name: Client Age:	Cask	) Avd	y Praci Date: H/W	123
Client Signature:			7	
☐ Asked for and received	d permission from	m the client to lo	ok in her/his eyes.	
☐ Explained to the client	t, what I would b	e doing and why		
	CONST	ITUTIONAL TY	PE	
Lymphatic	□Biliary		□Hematogenic	
SUBTYPE BY STRUCTURE				
Neurogenic Pol	□Polyglandular □C		nnective Tissue	
SUBTYPE BY COLOR				
Overacid	□Mild	Moderate	☐ Significant	□N/A
Febrile	□Mild	/ □Moderate	☐ Significant	□N/A
THydrogenoid	□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				
	Mild □Mod		ate Significant	
If yes, location:	onefal	1 Ven	tral	adow i triblent [] Inclinit Collocal
PHYSICAL RESILIENCY				
Resilient	☐ Moderately Resilient ☐ Mildly Resilient			