



### Iris Evaluation Form

Client Name:

Case Study Practice

Client Age:

Date:

4/11/23

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:

frontal & ventral

#### PHYSICAL RESILIENCY

Resilient

Moderately Resilient

Mildly Resilient