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Iris Evaluation Form

Client Name: Joshua Brown

Client Age: _____

Date: 12/20/22

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