



IIPA

International Iridology Practitioners Association

2100 Southbridge Parkway, Suite 650
Homewood, AL 35209
Phone: (888) 682-2208
www.iridologyassn.org
iipacentraloffice@iridologyassn.org

Iris Evaluation Information and Instructions

As you continue on this journey toward IIPA certification, it is required that you look into and evaluate the eyes of ten (10) individuals to help you gain confidence and become comfortable with the process of looking into someone's eyes and identifying the things you learned in your studies. These evaluations may be performed on fellow students you met in class or other individuals such as family, friends, or acquaintances who are willing to work with you.

- Complete the General Information page and use it as a cover page when you submit your ten (10) Iris Evaluations to your Instructor. It is not necessary to complete this page for each evaluation.
- Make ten (10) blank copies of the Iris Evaluation sheets and use them to record each of your evaluations.
- When you have completed all ten (10) Iris Evaluations, send them to your Instructor for review and comments. Your Instructor will tell you where to send them. (Do not send 1 or 2 at a time.)
- Record the name and age of your client as well as the date of the evaluation. Have each client sign the form to indicate that the evaluation was completed. Be sure to record the client's name on the second page as well as the first.

It is not necessary for you to come to any conclusions with these evaluations but rather to show that you understand the concepts and can identify colors, subtypes, signs, etc. in a "live" evaluation.



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Iris Evaluation General Information

Date Submitted: _____

IIPA Instructor Name: _____

Student Name: _____

Address: _____

City/Province: _____

State: _____ Postal Code (Zip): _____

Country: _____ Primary Phone: _____

E-mail: _____

For Instructor's / Grader's Use Only

Instructor or Grader Name: _____

Comments: _____



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Iris Evaluation Form

IIPA Student Name: _____

Client Name: _____

Client Age: _____ Date: _____

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.
- Note degree of sign you may put: “M”= Mild, “MM”= Moderate, “S”= Significant

CONSTITUTIONAL TYPE

- Lymphatic
- Biliary
- Hematogenic

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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Client Name: _____

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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
Placement:	_____	_____
Quality:	_____	_____
Shape:	_____	_____
Nutritive Zone		
<input type="checkbox"/> Comb Teeth	_____	_____
<input type="checkbox"/> Inner Gray Border	_____	_____
<input type="checkbox"/> Crypts	_____	_____
<input type="checkbox"/> Stomach Ring: Whiter or Darker	_____	_____
<input type="checkbox"/> Radial Furrows	_____	_____
<input type="checkbox"/> Angle of Fuchs	_____	_____
<input type="checkbox"/> Square Collarette	_____	_____
<input type="checkbox"/> Contraction Furrows	_____	_____

NOTES:



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Client Name: _____

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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

Location(s) in Right Eye

Location(s) in Left Eye

NOTES:

