



# IIPA

International Iridology Practitioners Association

2101 Magnolia Avenue, Suite 100A  
Birmingham, AL 35205  
Phone: (888) 682-2208  
(205) 226-3522  
Fax: (205) 226-3525  
[www.iridologyassn.org](http://www.iridologyassn.org)

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## 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.
- Send all ten (10) *completed* Iris Evaluations to your Instructor for review and comments. Your Instructor will tell you where to send them.
- 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: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code (Zip): \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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### *For Instructor's / Grader's Use Only*

Instructor or Grader Name: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Iris Evaluation Form

Client Name: \_\_\_\_\_ Page 1  
Client Age: \_\_\_\_\_ Date: \_\_\_\_\_  
Client Signature: \_\_\_\_\_  
Student Name: \_\_\_\_\_

- 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 Color

- Overacid
- Febrile
- Hydrogenoid
- Uric Acid Diathesis
- Scurf Rim
- Ferrum Chromatose
- None

If hydrogenoid, color(s) of the tophi? \_\_\_\_\_  
If hydrogenoid, location(s) of the tophi? \_\_\_\_\_

### Lipemic Diathesis

- Yes
- No

If yes, location: \_\_\_\_\_

### Subtype by Structure

- Neurogenic
- Polyglandular
- None
- Connective Tissue
- Anxiety Tetanic



Client Name: \_\_\_\_\_

### Collarette

*Right Eye*

*Left Eye*

Placement:	_____	_____
Quality:	_____	_____
Shape:	_____	_____

### 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

### 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*

_____	_____
_____	_____
_____	_____
_____	_____