

# First Consultation Record Iridology Cases

Patient's Number: \_\_\_\_\_

First Consultation Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Iridology Student Name: \_\_\_\_\_

Main complaint and symptom picture: 3-4 main points. Use patient's words where possible

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Bowel situation: Frequency and ease

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Menstrual situation: Regularity. PMS or PMT? Post or pre-menopausal?

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Contraception: Pill or IUD. Number of years in use

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# First Consultation Record Iridology Cases

Medical history: **Main health issues of the past**

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Surgery: **List all surgeries, plus time (year is ok)**

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Injuries: **List all injuries, plus time (year is ok)**

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Past Medications (including vitamins and minerals): **Plus exact dosage**

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Current Medications (including vitamins and minerals): **Plus exact dosage**

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Mother and mother's family med-his: **Notable ailments, or early deaths**

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Father and father's family med-his: **Notable ailments, or early deaths**

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Siblings medical history: **Notable ailments, or early deaths**

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Patient's sleeping pattern: **Record time of waking if insomniac**

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Exercise taken if any: **Describe exercise and frequency**

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Stress and emotions: **Hint to student: relationship, job satisfaction, creativity**

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# First Consultation Record Diet Habits

## Breakfast: Details

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## Mid-morning: Details

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## Lunch: Details

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## Mid-afternoon Snack: Details

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## Evening Meal: Details

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## Other Snacks: Details

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Meat: times per week \_\_\_\_\_

Chicken: times per week \_\_\_\_\_

Fish: times per week \_\_\_\_\_

Cheese: times per week \_\_\_\_\_

Butter: none/little/lots (state which) \_\_\_\_\_

Eggs: number per week \_\_\_\_\_

Milk: pints per week \_\_\_\_\_

Yogurt: times per week \_\_\_\_\_

Sugar: none/little/lots \_\_\_\_\_ Honey: none/little/lots \_\_\_\_\_

Biscuits: none/little/lots \_\_\_\_\_

Cakes: none/little/lots \_\_\_\_\_

Chocolate: none/little/lots \_\_\_\_\_

Bread: white or brown and none/little/lots \_\_\_\_\_

Rice: white or brown and times per week \_\_\_\_\_

Pasta/Noodles: white or brown and times per week \_\_\_\_\_

Salt: which type? none/little/lots \_\_\_\_\_

Tea: times per day \_\_\_\_\_ (milk yes/no) \_\_\_\_\_ (sugar spoons) \_\_\_\_\_

Coffee: times per day \_\_\_\_\_ (milk yes/no) \_\_\_\_\_ (sugar spoons) \_\_\_\_\_

Cigarettes: amount per day \_\_\_\_\_ smoker in past? \_\_\_\_\_

Alcohol: kind and units per week \_\_\_\_\_

Recreational Drugs: reasons for question? (optional) \_\_\_\_\_

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Water: litres per day \_\_\_\_\_ filtered (yes/no) \_\_\_\_\_

Herbal teas: cups per day/week \_\_\_\_\_

Fruit: pieces per day \_\_\_\_\_

Juices: type and litres per day \_\_\_\_\_

Sprouts: kind and litres per week \_\_\_\_\_

Green Salads: times per week \_\_\_\_\_

Raw Garlic: times per week \_\_\_\_\_

Supergreens (Shop): yes/no \_\_\_\_\_ amt taken \_\_\_\_\_

Cayenne: yes/no \_\_\_\_\_ amt taken \_\_\_\_\_

Spirulina: yes/no \_\_\_\_\_ amt taken \_\_\_\_\_

Chlorella: yes/no \_\_\_\_\_ amt taken \_\_\_\_\_

Engevita Yeast: yes/no \_\_\_\_\_ amt taken \_\_\_\_\_

Kelp: yes/no \_\_\_\_\_ amt taken \_\_\_\_\_

Wheatgrass juice: yes/no \_\_\_\_\_ amt taken \_\_\_\_\_

Other organic food supplements: state kind and  
amt taken \_\_\_\_\_

Other Notes: use this space to record any other  
important dietary information given by the patient

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# First Consultation Record Iris Profile Description

This information to be recorded by the student after the patient has left

**Constitution:** Lymphatic / Haematogenic / Mixed Biliary / Other

**Disposition:** Neurogenic / Connective Tissue / Larvate Tetanic / Polyglandular

**Diathesis:** Hyper acidic / Uric acidic / Hydrogenoid / Lipaemic / Hepatic / Pancreatic / Dyscratic

**Inner Pupillary Border:** Record whether the inner pupillary border is distinct or indistinct, and where there are any anomalies.

**Pupil Tonus:** Record whether the pupil tonus is regular or irregular, and where there is any flattening

**Pupillary Zone:** describe the tissue in the pupillary zone, whether it is delicate/ revealing a stomach ring, or pigmented entirely or sectorally. Also describe the pigmentation and location of pigmentation if present

**Collarotte:** Describe the collarette, whether it is contracted, expanded, or jagged, and whether it is distinct, indistinct, or roppy. Is it pigmented entirely or sectorally. Also describe the pigmentation and location of any pigmentation

**Lacunae and Crypts:** Nature (type) and location (reaction field) of lacunae

**Pigmentation:** Nature (colour) and location (reaction field) of pigmentation and whether topolabile or topostabile

**Other Markings:** describe any other markings not listed e.g. significant radii solaris or contraction furrows, defect signs, or other signs

**Scleral Markings:** describe any significant markings in the sclera stating to what reaction field they appear relevant

**General Observations:** How does the information received through the iris profile inform your protocol for this patient

This information to be recorded by the student after the patient has left

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**Foods/substances to be eliminated:** short list of foods/substances the patient agreed to eliminate completely. Bullet points!

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**Foods/substances to be decreased:** short list of foods/substances of which the patient agreed to decrease intake and by how much. Bullet points!

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**Foods/substances to be increased:** short list of foods/substances of which the patient agreed to increase intake and by how much. Bullet points!

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**Specific superfoods recommended:** List those the patient will purchase

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**Lifestyle changes suggested:** Write specifics of which of the following the patient will do during the next period. Note: these will also be based on the observations from emotional iridology. (report to be given on next page)

Increased exercise(which type?) yoga, meditation, tai chi/chi kung, rest, creativity activity, other habits.

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**Patients enthusiasm?** Report on the general understanding of the patient of the need for specific lifestyle changes.

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## First Consultation Record Reasoning for General Approach

**This information to be recorded by the student after the consultation**

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**General Approach based on Physical Iridology:** Explain the reasoning for your approach to this case.

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**Plans for future:** Describe plans for possible future consultations if patient commits to follow advice given

**General Approach based on Emotional Iridology:** Explain the reasoning for your approach to this case describing your observations as expressed to the patient.