Diagnosis	☐Age Related Macular Degeneration (AMD) ☐Diabetic Retinopathy ☐ Diabetic without Retinopathy ☐Primary Open-Angle Glaucoma (POAG) ☐Other			
Other Diagnosis (please indicate if diagnosis is Other)				
Sub-Diagnosis (please indicate if "Diagnosis is "AMD")	☐AMD:Dry-Drusen	☐AMD:Dry-GA	☐AMD: Wet-CNV	
Smoking Status	☐Current	☐Former	☐Never	
Form of Tobacco (please indicate if Smoking Status is Current or Former)	☐Cigarettes	☐Cigar	☐Pipe	
Age Started (please indicate if Smoking Status is Current or Former; enter a numeric value)				
Age Quit (please indicate if Smoking Status is Current or Former; enter a numeric value)				
Average smoked per day, quantity (please indicate if Smoking Status is Current or Former; enter a numeric value)				
Average smoked per day, units (please indicate if Smoking Status is Current or Former)	☐Cigarettes	☐Packs	☐Cigars	☐Oz
Age Related Macular Degeneration (Left Eye)	☐Dry-Drusen	☐Dry-GA	☐Wet-CNV	☐None
Age Related Macular Degeneration (Left Eye): Additional Comments				
Age Related Macular Degeneration (Right Eye)	☐Dry-Drusen	☐Dry-GA	☐Wet-CNV	☐None
Age Related Macular Degeneration (Right Eye): Additional Comments				
Diabetic Retinopathy (Left Eye)	☐Yes	☐No		
Diabetic Retinopathy (Left Eye): Additional Comments				
Diabetic Retinopathy (Right Eye)	☐Yes	☐No		
Diabetic Retinopathy (Right Eye): Additional Comments				
Diabetic without retinopathy (Left Eye)	☐Yes	☐No		
Diabetic without retinopathy (Left Eye): Additional Comments				
Diabetic without retinopathy (Right Eye)	☐Yes	☐No		
Diabetic without retinopathy (Right Eye): Additional Comments				
POAG (Left Eye)	☐Yes	☐No		

POAG (Left Eye): Additional Comments		
POAG (Right Eye)	☐Yes	☐No
POAG (Right Eye): Additional Comments		
Other Abnormalities (Left Eye)	☐Yes	☐No
Other Abnormalities (Left Eye): Additional Comments		
Other Abnormalities (Right Eye)	☐Yes	☐No
Other Abnormalities (Right Eye): Additional Comments		