

HORTICULTURAL DIAGNOSTIC FORM

Date: _____ Received by: _____ Plant ID requested: Yes or No

Name		
Mailing Address		
City	State	Zip
Phone Number	Email Address	

Name of plant _____ Cultivar or Variety _____

Approximate age _____ Length of time in present location _____

When did symptoms occur? Spring Summer Fall Recently

The problem is: _____

Are there other similar/different plants with the same problem? _____

What pesticides/fertilizers have you applied? _____

What pattern do you see? _____

(Random; inside or outside of canopy; top to bottom or bottom to top?)

If branches are dead, are they dead all the way to the tip? YES _____ or NO _____

Circle all that apply

Location	Irrigation	Site Condition	Soil	Drainage	Part Affected	Leaf Symptoms
Vegetable Garden	Lawn	Shade	Sandy	Good	Roots	Yellowing or browning
Turf	Overhead	Full Sun	Clay	Moderate	Trunk	Margins brown
Foundation N S E W	Drip	Part Shade AM PM	Loam	Poor/wet	Branches	Drop on wilt Holes
Raised Bed	None	Wet	Soil Mix	Puddles	Leaves	Whole Plant Symptoms
Island	How often? How long?	Compacted	pH if known	Mulch Type Depth	Needles	Stunted
Shrub Border		Windy			Flowers	Branch Death
Mixed Planting		Salt spray			Fruit	Cracks/wounds branches Cracks/wounds trunk
Ocean/Bay Side		Pavement			Berries	Odd growth Oozing

