

## 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	<b>Whole Plant Symptoms</b>
Island	How often?  How long?	Compacted	<b>pH if known</b>	<b>Mulch</b>  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

