



Ornamental Landscape or Home Garden Diagnosis

Client Name: _____ **Phone:** _____

Email _____

Type of Plant

- broadleaf tree fruit tree conifer shrub/vine ground cover flower
 small fruit vegetable houseplant

Name of plant(s) _____ (common and botanical)

Age of plant: _____ Year planted: _____ Size of plant (height and/or width): _____

When did you first notice the problem (approx. date)? _____

- happened quickly happened gradually is getting worse is not getting worse

Has this plant ever had this problem before? No Yes If yes, when: _____

Are other plants in your landscape/garden similarly affected? No Yes If yes, which ones and where located? _____

Samples provided? No Yes Date collected: _____

Photos provided? No Yes Date taken: _____

Patterns

On Affected Plant:

- | | |
|---|--|
| <input type="checkbox"/> started at bottom and moved up | <input type="checkbox"/> started at top then moved down |
| <input type="checkbox"/> entire plant is affected | <input type="checkbox"/> damage only to the tips of branches |
| <input type="checkbox"/> damage only on one side | <input type="checkbox"/> damage only on inside branches |
| <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | |

In Landscape/planting:

- scattered plants affected only 1 plant affected several plants affected all similar plants affected

Plant Parts Affected and how (check all that apply)

Flowers

- spots
 wilted
 distorted
 insect injury
 other: _____

Fruit

- blotches
 dry
 distorted
 rotten/mushy
 other: _____

Leaves/needles

- spots wilted
 fall off rolled
 distorted
 yellowish brown
 other: _____

Roots

- brown (internally)
 rotted
 chewed
 few roots
 Other: _____

Twigs

- dead
 decayed area
 sticky/weepy
 Other: _____

Stems

- dead
 decay area
 sticky/weepy
 Other: _____

COMPLETE BOTH SIDES

Large Branches

- dead
- decayed area
- sticky/weepy
- sticky/weepy

Other: _____

Trunk

- dead/losing bark
- decayed area
- sticky/weepy
- stunted

Other: _____

Whole Plant

- wilted
- distorted

other: _____

How was the plant planted? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> balled & burlapped | <input type="checkbox"/> peat/manure/compost added to backfill | <input type="checkbox"/> fertilizer applied at planting or right after planting |
| <input type="checkbox"/> plastic container | <input type="checkbox"/> planted by landscaper | <input type="checkbox"/> planted by previous owner |
| <input type="checkbox"/> bare root | <input type="checkbox"/> don't know for sure | <input type="checkbox"/> mulch applied at planting |
| <input type="checkbox"/> peat/paper pot | | type: _____ |

Have you checked the base of the plant(s) and/or roots to look for signs of problem or injury?

If Yes, describe what you found _____

Method & frequency of watering the plant(s):

- | | | |
|---|---|---|
| <input type="checkbox"/> hand watered | <input type="checkbox"/> overhead watering | _____ times a week for _____ minutes |
| <input type="checkbox"/> sprinkler | <input type="checkbox"/> individual emitter | <input type="checkbox"/> as needed with checking soil |
| <input type="checkbox"/> set sprinkler system | <input type="checkbox"/> water with lawn | <input type="checkbox"/> as needed without checking soil but relative to weather conditions |
| <input type="checkbox"/> drip/soaker hose | <input type="checkbox"/> water directly on plant base | |

Soil type:

- | | | | | |
|-------------------------------------|-------------------------------------|--|--|---|
| <input type="checkbox"/> sandy soil | <input type="checkbox"/> clay soil | <input type="checkbox"/> introduced top soil | <input type="checkbox"/> good drainage | <input type="checkbox"/> white crust on top of soil |
| <input type="checkbox"/> loamy soil | <input type="checkbox"/> rocky soil | <input type="checkbox"/> poor drainage | <input type="checkbox"/> bagged soil/potting mix | <input type="checkbox"/> shallow soil 6" or less |

Chemicals applied to plant(s) or to nearby plants in the last year:

Do you use a separate sprayer when applying weed-killers and insecticides/fungicides? No Yes**Where in the landscape is the plant situated?**

- | | | |
|---|--|---|
| <input type="checkbox"/> in garden | <input type="checkbox"/> next to driveway | <input type="checkbox"/> under eaves |
| <input type="checkbox"/> in lawn | <input type="checkbox"/> next to pool | <input type="checkbox"/> in shade |
| <input type="checkbox"/> in landscape bed | <input type="checkbox"/> next to garage or carport | <input type="checkbox"/> full sun |
| <input type="checkbox"/> on a lot line | <input type="checkbox"/> next to road | <input type="checkbox"/> windy location |
| <input type="checkbox"/> on a slope | <input type="checkbox"/> next to house | Exposure: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W |
| <input type="checkbox"/> in greenhouse | <input type="checkbox"/> next to fence/deck/patio | other _____ |
| <input type="checkbox"/> in raised garden box | <input type="checkbox"/> next to septic drain/leach field. | |

Have any of these happened to your affected plant or nearby in the past 3-5 years?

- construction or heavy equipment over soil
- change of soil grade – landscaping, pool installation
- soil/root injury – septic work, trenching, root removal or cutting, pool installation, construction
- addition to soil of a volume of organic matter or other soil additives
- trunk, bark injury – injury to plant from lawn mower or weed eater, staking wire, rope, twine
- extreme drought – no irrigation for several months in spring, summer, or fall months
- driveway or road paving nearby

Lastly, what do you think the problem is?
