### Plant Problem Diagnosis: Ornamental Landscapes & Home Gardens

<table>
<thead>
<tr>
<th>Number:</th>
<th>Date Received:</th>
<th>Date Serviced:</th>
<th>Name of MG:</th>
</tr>
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<tbody>
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#### Client Information
- **Client Name:**
- **Daytime Phone:**
- **County:**
- **Client Contacted MG via:**
  - [ ] Personal visit to office
  - [ ] Phone call
- **Mailing Address:**
- **City:**
- **State/Zip:**
- **E-Mail Address:**
- **Sample Provided:**
  - [ ] Yes
  - [ ] No
- **Type of Sample:**
  - [ ] Physical
  - [ ] Digital

#### Plant Information
- **Type of plant:**
  - [ ] Broadleaf Tree
  - [ ] Shrub/vine
  - [ ] Flower
  - [ ] Vegetable
  - [ ] Herb
  - [ ] Fruit Tree
  - [ ] House Plant
  - [ ] Other
- **Name of plant:**
- **Age of plant:**
- **Recent Transplant?**
- **Approximate size:**
- **Planting Preparation:**
  - [ ] Pot/burlap removed from root ball
  - [ ] Peat/manure/compost added to back fill
  - [ ] Fertilizer applied at/after planting
  - [ ] Winter Protection
  - [ ] Planting by landscaper
  - [ ] Planting by previous owner
  - [ ] Planting by Client
  - [ ] Other ______________________
- **Planting area mulched with:**
  - [ ] No mulch
  - [ ] Bark mulch
  - [ ] Landscape Cloth
  - [ ] Rock/inorganic
  - [ ] Other ______________________

#### Damage
- **Damage: Plant Parts/Pattern of Progression:**
  - [ ] Leaves/Flowers
  - [ ] Structure/Root
  - [ ] Entire plant affected
  - [ ] Started at bottom & moved up
  - [ ] Started at the top and moved down
  - [ ] Only on the tips of branches
  - [ ] Only on inside branches
  - [ ] Only on one side [N S E W]

#### Expanse of Damaged Area
- [ ] Scattered plants
- [ ] Various plants in a group
- [ ] Only one plant
- [ ] All similar plants

#### Irrigation Delivery
- **System:**
  - [ ] Hand water
  - [ ] Sprinkler-(Manual Set)
  - [ ] Drip/soaker hose
  - [ ] Rill Flood
- **Application Process:**
  - [ ] Overhead broadcast
  - [ ] Per-plant emitter
  - [ ] Watered w/ lawn
  - [ ] Directly at base of plant
  - [ ] At drip line
- **Frequency:**
  - [ ] _____times/week for ____ min
- **Water Source:**
  - [ ] City Water-treated
  - [ ] Private Well
  - [ ] As needed (check soil only)
  - [ ] As needed (check weather only)

#### Plant Location
- **Garden**
- **In full sun**
- **Nursery/greenhouse**
- **Next to paved/compacted area**
- [ ] Lawn
- [ ] In shade
- [ ] Next to road
- [ ] Other ______________________
- [ ] On slope
- [ ] Sun Exposure [N S E W]
- [ ] Under eaves
- [ ] Other ______________________
- [ ] At border line
- [ ] Next to house, building, fence
- [ ] Windy location
- [ ] Other ______________________
- [ ] Landscape berm/mound/bed
- [ ] Next to pool
- [ ] Other ______________________

#### Soil Conditions
- [ ] Sandy
- [ ] Rocky
- [ ] Clay
- [ ] White crust on soil
- [ ] Caliche
- [ ] Soil the builder left
- [ ] Good drainage
- [ ] Shallow soil (<6”)
- [ ] Poor drainage
- [ ] Good drainage
Has client applied fertilizer, insecticides, fungicides to this or nearby plants in the last 12-18 months?:

<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>Yes, complete details</th>
</tr>
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</table>

- Date: _______________  
- Product Name: ____________________

- Rate: _______________  
- Frequency: _______________

- How Applied: _______________  
- Frequency: _______________

Has client used any of the following in the last two years? When and where and how?

<table>
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- Weed 'n Feed-type lawn products (selective herbicides)  
- Triox, Noxall, Spike, or other (soil sterilant)  
- Other: ________________________

- Roundup, Kleen-up, Knockout (non selective herbicides)  
- Casoron, Preen (pre-emergent treatment)  
- Other: ________________________

- When: _______________  
- Where: ________________________  
- How: ________________________

Have any of the following happened near your affected plant or within your yard/garden in the past 3-5 years?

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- Construction/heavy equipment movement  
- Change of soil grade (landscaping, pool, etc)  
- Addition of soil, organic matter or soil additives  
- Soil disturbance, root injury  
- Driveway/roadway paving nearby  
- Trunk/bark injury  
- Extreme drought (no irrigation for several months; spring/summer/fall)

Illustrate or describe the problem. Include pattern of damage.

- Developed very quickly  
- Developed gradually  
- Is getting worse  
- Is not getting worse

Approximate date: ____/____/____

Has this plant ever had this problem before? When?

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<th>Yes</th>
<th>No</th>
</tr>
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</table>

- Date: ____________/______/______  
- ______________/______/______

Diagnostic Resources:

<table>
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<tr>
<th>Hortsense</th>
<th>Pestsense</th>
<th>PICOL</th>
<th>PNW</th>
<th>Insect</th>
<th>Weed</th>
<th>Plant Disease</th>
<th>Other: ____________________________</th>
<th>www._______________________org/edu</th>
</tr>
</thead>
</table>

Diagnosis/Recommendation:

Diagnosed by:

Handout provided? Yes or No  
- Describe: ________________________  
- Code: ________  

Delivered by: Circle one  
- Phone  
- E-mail  
- In person

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