

PLANT PROBLEM DIAGNOSIS



PLANT PROBLEM DIAGNOSIS: ORNAMENTAL LANDSCAPES & HOME GARDENS

Date Received:	Date Serviced:	Name of MG:
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Client Name:	Daytime Phone:	Sample Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Client Contacted MG: <input type="checkbox"/> Came to office <input type="checkbox"/> Called <input type="checkbox"/> Emailed
Mailing Address:	City, State, Zip	Type of Sample: <input type="checkbox"/> Physical <input type="checkbox"/> Digital	Sample in: <input type="checkbox"/> Fridge <input type="checkbox"/> Freezer
E-Mail Address:			

Illustrate or describe the problem. Include pattern of damage.

Are you working with a landscape professional or commercial firm for indoor or outdoor spray service, landscape, nursery or soil analyst?
 Yes No **If you answered yes, please refer problem to Urban Horticulturist or WSU Extension specialist.**

Type of plant:
 Tree Shrub Herbaceous Perennial Vegetable Herb Other _____

Name of plant:

Age of plant:	Recent Transplant?	Approximate size:
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How was plant received: <input type="checkbox"/> Balled and burlapped <input type="checkbox"/> Plastic pot <input type="checkbox"/> Bare root <input type="checkbox"/> Peat/paper pot	Planting Preparation: <input type="checkbox"/> Pot/burlap removed from root ball <input type="checkbox"/> Peat/manure/compost added to back fill <input type="checkbox"/> Fertilizer applied at/after planting <input type="checkbox"/> Winter Protection	Who planted the plant? <input type="checkbox"/> Planted by landscaper <input type="checkbox"/> Planted by previous owner <input type="checkbox"/> Planted by client <input type="checkbox"/> Other: _____
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Planting area mulched with:
 No mulch Grass clippings Landscape cloth
 Bark mulch Rock/inorganic Other _____

Damage: Plant Parts/ Pattern of Progression:
 Leaves/ flowers Started at bottom & moved up Started at the top and moved down Entire plant affected
 Structure/ fruit Only on the tips of branches Only on inside branches Only on one side [NWES]

Expanse of Damaged Area:
 Scattered Plants Various plants in a group One plant All similar plants

Irrigation Delivery:

System: <input type="checkbox"/> Hand Water <input type="checkbox"/> Sprinkler- (Manual Set) <input type="checkbox"/> Permanent set Sprinkler System <input type="checkbox"/> Drip/ soaker hose <input type="checkbox"/> Rill/ Furrow Flood	Application Process: <input type="checkbox"/> Overhead broadcast <input type="checkbox"/> Per-plant emitter <input type="checkbox"/> Watered w/ lawn <input type="checkbox"/> Directly at base of <input type="checkbox"/> At drip line	Frequency: <input type="checkbox"/> _____ times/ week for _____ min <input type="checkbox"/> As needed (check soil only) <input type="checkbox"/> As needed (check weather only)	Water Source: <input type="checkbox"/> City water-treated <input type="checkbox"/> Private well <input type="checkbox"/> Irrigation district
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Plant Location:

<input type="checkbox"/> Garden <input type="checkbox"/> Lawn <input type="checkbox"/> On slope <input type="checkbox"/> At border line <input type="checkbox"/> Landscape mound/bed	<input type="checkbox"/> In full sun <input type="checkbox"/> In shade <input type="checkbox"/> Sun Exposure [N S E W] <input type="checkbox"/> Next to house, building, fence <input type="checkbox"/> Next to paved/compacted area	<input type="checkbox"/> Nursery/ greenhouse <input type="checkbox"/> Other _____ <input type="checkbox"/> Next to road <input type="checkbox"/> Under eaves <input type="checkbox"/> Windy location <input type="checkbox"/> Next to pool
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Please continue to back side.

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Soil Conditions:

- | | | |
|--------------------------------|--|--|
| <input type="checkbox"/> Sandy | <input type="checkbox"/> Introduced topsoil | <input type="checkbox"/> Good |
| <input type="checkbox"/> Loamy | <input type="checkbox"/> Soil the builder left | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Shallow soil (<6") | <input type="checkbox"/> White crust on soil |
| <input type="checkbox"/> Rocky | <input type="checkbox"/> Caliche | |

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

- | | |
|---|---|
| <input type="checkbox"/> Weed 'n Feed-type lawn products (selective herbicides) | <input type="checkbox"/> Roundup, Kleen-up, Knockout (non selective herbicides) |
| <input type="checkbox"/> Triox, Noxall, Spike or other (soil sterilant) | <input type="checkbox"/> Casoron, Preen (pre-emergent treatment) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> When: _____ |
| <input type="checkbox"/> Where: _____ | <input type="checkbox"/> Where: _____ |

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

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

Has this plant ever had this problem before? When?

- Date: ____/____/____
- Yes
- No

When did you first notice the current problem?

- Approximate date: ____/____/____
- Developed quickly Is getting worse
- Developed gradually Is not getting worse

Diagnostic Resources:

- | | | | | | | |
|------------------------------------|------------------------------------|--------------------------------|---------------------------------------|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> Hortsense | <input type="checkbox"/> Pestsense | <input type="checkbox"/> PICOL | <input type="checkbox"/> PNW | <input type="checkbox"/> Insect | <input type="checkbox"/> Weed | <input type="checkbox"/> Plant Disease |
| <input type="checkbox"/> www._____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Other: _____ | | | |

Diagnosis/Recommendation:

Diagnosed by: _____

Client Contacted by:

- Phone Email In person

Handouts provided:

Adapted from C1006 WSU Plant Problem Diagnosis: Ornamental Landscapes & Home Gardens for WSU Chelan County Master Gardener Program Diagnostics Clinic. Rev 4/20/19 BG