PLANT CLINIC INTAKE FORM

Volunteer:_____ Ref number: 20__: _____

Date:_____ ❑ Physical Sample ❑ Photo attached

OFFICE USE ONLY

CLIENT INFORMATION

Name:_____ Daytime Phone:_____

Mailing address: _____

_____

Email:_____

Are you a market gardener, landscaper, commercial gardener or is this for a pasture? ❑ Yes ❑ No

DESCRIBE THE ISSUE

Describe the problem and/or damage:

_____

_____

_____

PLANT INFORMATION

Parts affected: ❑ Leaf ❑ Stem ❑ Branch ❑ Trunk ❑ Root ❑ Flower ❑ Fruit

Patterns Observed on Plant:

- ❑ Started at top, moving down
- ❑ Started at bottom, moving up
- ❑ Damage only on inner branches
- ❑ Entire plant is affected
- ❑ Damage only on one side
  - ❑ N ❑ E ❑ W ❑ S

Patterns in Landscaping or Plantings:

- ❑ Only one plant affected
- ❑ All similar plants affected
- ❑ Random plants affected (***not*** *same species*)
- ❑ Several plants in row or area affected (*same species)*
- ❑ Several plants in a row or area affected (***not*** *same species)*

SIGNS & SYMPTOMS

- ❑ Changing color of leaves (describe:_____)
- ❑ Spotted or mottled leaves
- ❑ Angular or round spots
- ❑ Wilting
- ❑ Rotting of leaves, stems, roots or fruit
- ❑ Insect frass present?
- ❑ Distorted plant parts (where?_____)
- ❑ Chewing damage (parts affected?_____)
- ❑ Other:_____

_____

CULTURAL PRACTICES

Water: ❑ Overhead sprinkler ❑ Hand water ❑ Flood Irrigation ❑ Drip System

How often:_____ How long:_____ Source of water:_____

Fertilizer(s) used:_____ When/how applied:_____

Herbicide(s) used:_____ When/how applied:_____

Insecticide(s) used:_____ When/how applied:_____

Pets/animals/rodents?_____ Recent construction or digging?_____

TIMELINE

When did you first notice the issue?

_____

Have you observed this issue before ❑ Yes ❑ No

If yes, when and where:_____

_____

PLANT IDENTIFICATION

Where did you find the plant (lawn, garden, roadside, etc):

_____

Location (GPS coordinate or address):_____

Plant type: ❑ Tree ❑ Shrub ❑ Vine ❑ herbaceous

Plant Size: Height_____ Width:_____ Flower: Color_____ Size:_____

Unique features (leaves, odor, thorns, color, etc): _____

_____

Would you like information on controlling the plant? ❑ Yes ❑ No

INSECT IDENTIFICATION

Where did you find the insect (lawn, garden, specific crop, home, etc):

_____

Location (GPS coordinate or address):_____

When did you collect the specimen (month/day/year + time of day)_____

About how many insects were there?_____

Describe the damage they are causing (part of the plant injured, plant species & cultivar, number of plants injured, age of plants, etc)?

_____

_____

Would you like information on controlling the insect? ❑ Yes ❑ No

OFFICE USE ONLY BELOW

DETERMINE CAUSE

_____

_____

_____

_____

_____

_____

_____

RESOURCES USED

_____

_____

_____

_____

CLIENT FOLLOW UP

Diagnosed by:_____

Client contacted by:_____ Date:_____

❑ Phone ❑ Email ❑ Mail ❑ In-Person ❑ Other_____

Follow up needed? ❑ Yes ❑ No What:_____

Date file closed:_____

Category: ❑ Orn. Herb ❑ Orn. Woody ❑ Veg ❑ Fruit tree ❑ Small fruit ❑ Gen garden

Sub category: ❑ Insect ❑ Disease ❑ Weed ❑ Maintenance