

Plant Diagnostic Checklist

Please answer each question below to help us identify the problem.

Client Name: _____

Date: _____ Telephone: _____

Address: _____

Email: _____

Type of Plant (check all that apply):

- Vine Shrub Tree Houseplant Vegetable Lawn Fruit Herb Annual Perennial
 Evergreen Deciduous

Common or Scientific Name: _____

Maturity Estimates: Age: _____ Date planted: _____

Location:

- Wet soil Dry soil Full sun Full shade Part sun/shade Windy Mulch Greenhouse
 Near pavement/walkway Near other plants Container/Pot Raised bed Recent disturbance
 Near water

If soil type or pH is known, what is it? _____

How many plants with same symptoms? _____

Irrigation: Drip or soaker Overhead (sprinkler or hose) Rainfall only

How often? _____ *How long?* _____

Fertilizer or Pesticide Applications (list products used on or nearby):

Product name: _____ Date: _____

Product name: _____ Date: _____

Product name: _____ Date: _____

Signs and Symptoms:

- No flowers Leaf drop Yellow leaves Brown leaves Galls Holes in leaf Sap Oozing
 Holes in stem/branches Spotting on leaves Spotting on fruit White powdery substance
 Black sooty substance Root or stem rot Dead branches Other: _____

When was the problem first noticed? Spring Summer Fall Winter

For how long: _____

Please provide any other pertinent information or probable causes:
