

# PLANT DIAGNOSTIC INTAKE FORM

\* FORM MUST BE COMPLETE \*      \* MUST BE IN SEALED CONTAINER\*      \* NO HUMAN SAMPLES \*

NAME:		DATE:	
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TELEPHONE (include area code) :		EMAIL:	
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SUBMITTER:	<input type="radio"/> HOMEOWNER <input type="radio"/> LAWN/TREE CARE COMPANY <input type="radio"/> FARMER <input type="radio"/> GARDEN CENTER/GREENHOUSE/NURSERY <input type="radio"/> OTHER
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TYPE OF ID:	<input type="radio"/> PLANT DISEASE/ISSUE DIAGNOSIS (A) <input type="radio"/> INSECT IDENTIFICATION (B) <input type="radio"/> PLANT MATERIAL IDENTIFICATION (C)
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PLANT:		VARIETY (cultivar, etc.):		AGE OF PLANT (WHEN INSTALLED):	
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Describe issue/problem in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date 1 <sup>st</sup> noticed:		Soil pH:		Problem developed:	<input type="radio"/> gradually <input type="radio"/> suddenly
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<i>part of plant affected</i>	<i>% of plant affected</i>	<i>general appearance of plant</i>		<i>disease distribution</i>	<i>location of plant</i>
<input type="radio"/> roots	<input type="radio"/> 25%	<input type="radio"/> leaf spots	<input type="radio"/> tip dieback	<input type="radio"/> general	<input type="radio"/> garden
<input type="radio"/> crown (area above soil line)	<input type="radio"/> less than 50%	<input type="radio"/> odd growth or color of foliage	<input type="radio"/> wilting	<input type="radio"/> in spots/groups	<input type="radio"/> field/farm/orchard
<input type="radio"/> stem or branch	<input type="radio"/> more than 50%	<input type="radio"/> stunting	<input type="radio"/> one-sided wilt	<input type="radio"/> throughout landscape	<input type="radio"/> landscape
<input type="radio"/> leaves	<input type="radio"/> entire plant	<input type="radio"/> leaf burn/scorch	<input type="radio"/> branch flagging	<input type="radio"/> scattered plants in bed	<input type="radio"/> nursery/greenhouse
<input type="radio"/> flower	<input type="radio"/> other _____	<input type="radio"/> canker or gall	<input type="radio"/> white fuzz (mold)	<input type="radio"/> in low areas	<input type="radio"/> indoor plant
<input type="radio"/> fruit	<i>how many plants?</i>	<input type="radio"/> melting/rotting	<input type="radio"/> black sooty mold	<input type="radio"/> burm (raised) areas	<input type="radio"/> near downspout or
<input type="radio"/> main trunk		<input type="radio"/> holes in leaves	<input type="radio"/> leaf puckering	<input type="radio"/> certain cultivars	<input type="radio"/> irrigation head
			<input type="radio"/> other _____	<input type="radio"/> isolated plants (ex: 1 of 8)	<input type="radio"/> w/in 10' of pool/water

Watering practices:	<input type="radio"/> sprinklers <input type="radio"/> drip irrigation system <input type="radio"/> hand water <input type="radio"/> spray with water hose
	<input type="radio"/> less than 3 times/week <input type="radio"/> more than 3 times/week <input type="radio"/> variable/as needed <input type="radio"/> daily <input type="radio"/> none

Mulch:	<input type="radio"/> pine bark nuggets <input type="radio"/> pine needles <input type="radio"/> plastic <input type="radio"/> wood chips <input type="radio"/> cedar <input type="radio"/> gravel or rock <input type="radio"/> cocoa hull <input type="radio"/> shredded bark
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What side of the house/building is the plant in question located?	<input type="radio"/> NORTH	<input type="radio"/> SOUTH	<input type="radio"/> EAST	<input type="radio"/> WEST	<input type="radio"/> N/A
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Exposure:	<input type="radio"/> full sun	<input type="radio"/> partial sun	<input type="radio"/> full shade	<input type="radio"/> partial shade	<input type="radio"/> windy area (in the open)	<input type="radio"/> protected area
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Drainage:	
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Has any new construction occurred in the area? new sidewalks, driveways, trenches, retaining walls or other construction (equipment/machinery)?	<input type="radio"/> yes	<input type="radio"/> no
If so, please describe: _____		

<i>Chemicals and/or pesticides applied, including name of chemical, brand name of product and date (if known):</i>		
Growth regulator: _____	<input type="radio"/> none	<input type="radio"/> unknown
Fertilizer (weed&feed): _____	<input type="radio"/> none	<input type="radio"/> unknown
Fungicide: _____	<input type="radio"/> none	<input type="radio"/> unknown
Insecticide: _____	<input type="radio"/> none	<input type="radio"/> unknown
Herbicide: _____	<input type="radio"/> none	<input type="radio"/> unknown
Nematicide: _____	<input type="radio"/> none	<input type="radio"/> unknown
Insecticidal Soaps: _____	<input type="radio"/> none	<input type="radio"/> unknown
Horticultural Oils _____	<input type="radio"/> none	<input type="radio"/> unknown
Milky Spore: _____	<input type="radio"/> none	<input type="radio"/> unknown

**WOODY PLANTS and TREES ONLY:**

Canopy Assessment:	<input type="radio"/> few or no dead limbs	<input type="radio"/> 20-50% dead limbs	<input type="radio"/> 50% or more dead limbs
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Exposure:	<input type="radio"/> full sun	<input type="radio"/> partial sun	<input type="radio"/> full shade	<input type="radio"/> partial shade	<input type="radio"/> windy area (in the open)	<input type="radio"/> protected area
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Condition of Trunk (select all that apply):	<input type="radio"/> healthy	<input type="radio"/> bark falling off	<input type="radio"/> small holes in a row	<input type="radio"/> small holes scattered	<input type="radio"/> cavities present (big holes)
	<input type="radio"/> black area present	<input type="radio"/> weeping/wet area	<input type="radio"/> light damage	<input type="radio"/> heavy damage	

Container System:	<input type="radio"/> ball and burlap (if B&B, cage/burlap/binding removed? <input type="radio"/> yes <input type="radio"/> no)	<input type="radio"/> container	<input type="radio"/> bare root
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notes: \_\_\_\_\_

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[www.williamson.tennessee.edu](http://www.williamson.tennessee.edu)