

Plant Problems Evaluation Form
OSU MASTER GARDENER PLANT CLINIC – UMATILLA COUNTY

Today's Date: ____/____/____

Client's Name _____

Phone _____

Address _____

E-Mail _____

Subjective: Please describe problem.

Identify the plant (genus, species, cultivar)

Objective: List data gathered from the gardener about the issue.

Please answer these questions about the problem:

When did the problem start or when was it first noticed? _____

How old are the plants? _____

Have you ever had this problem before? _____ If so, when? _____

Is it spreading / changing? _____

Have these plants been transplanted/when? _____

What part of plant is affected? _____

Are other plants in the area affected? _____

Were they affected before current plants? _____

If there are other affected plants, what are they? _____

Have you tried any treatments? _____ If so, what? _____

Have any sprays been used in the area, e.g. weed killers, insect sprays, neighbors spraying?

Has area been fertilized? _____ How long ago? _____ Kind of fertilizer: _____

Is area watered? _____ How often/how much?

Recent pruning? _____ Exposure, e.g. sun, shade, wind? _____

Have any changes been made to the area, e.g. rocks added, shade removed, wind break removed, construction, heavy equipment, drainage changed, etc?

Any noted animals, e.g. moles, gophers, voles, deer, etc.?

Continue on back

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Associated symptoms: (e.g. wilt, canker, blight, rot, gall, etc.)

If no change in symptoms / not spreading, consider non-living cause, i.e. weather, water, fertilizer, herbicides, pesticides, construction

Signs: (e.g. insect, insect parts, insect marks, fungus mycelium, fungal fruiting bodies, secretions, spots, root appearance)

Assessment : Master Gardener's interpretation or diagnosis -- What insect, disease or other issue was determined to be the problem ?

Plan : Plan of action -- What instructions and/or resources were given to the client to help solve problem ?

PNW Handbooks Page # _____

Other Resources used _____ Page # _____

Client Notified: Telephone _____ Message Left to Call Back _____ Asked to bring in specimen _____

Other _____ Information Mailed: Yes _____ No _____

Dates Researched: ____/____/____ - ____/____/____

Completion Date: ____/____/____ by _____

Master Gardener Volunteer