



York-Poquoson VCE Client Plant Diagnosis Form

Date: _____

VCE/MG _____

Client name: _____

Phone: (____) _____

Address: _____

Email: _____

What is the plant? _____

Primary Issue: _____

Where is plant growing? _____

When problem was first noticed? _____

Horticultural History?: Transplanted When? _____

Soil conditions: Drainage Slope Soil test Result _____

Water conditions: Auto Sprinkler By Hand Natural Frequency _____

Standing water? Yes No

Natural abnormal conditions: Weather _____ Construction _____

Any unnatural stress on planting site: Construction People Animals Traffic

Comments: _____

What part of the plant has the most damage: Leaf Stem Root Trunk
 Fruit Undergrowth Overgrowth

Comment: _____

Did damage start there or spread?: _____

Was damage? Gradual Sudden

Any other plants affected? Yes No

Any pattern to damage? Yes _____ No

Any pesticides been applied recently? No Yes _____

At what rate? _____

If dropping off: ensure that your name is on each sample item. Drop into the green container