

**BONNEVILLE COUNTY MASTER GARDENER DIAGNOSTIC CLINIC**

2925 Rollandet, Idaho Falls, ID 83402 phone: (208) 529-1390 x 108 email: [bonnemg@uidaho.edu](mailto:bonnemg@uidaho.edu)

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address of Problem: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone (if different): \_\_\_\_\_

Please describe the problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you first notice the problem? \_\_\_\_\_

Is the problem getting worse? \_\_\_\_\_

What information would you like from us? \_\_\_\_\_

**Site Information (✓ all that apply)**

**Location (indoors)**

- Garage
- Basement
- Kitchen
- Food Storage
- Dining area
- Living Room
- Bathroom
- Bedroom
- Porch
- Other: (specify) \_\_\_\_\_

**Location (outdoors)**

- Near street or driveway
- Yard
- Park
- Windbreak/screen
- Woodland/forest
- Meadow/Rangeland
- Ornamental/foundation planting
- Vegetable garden
- Other: (specify) \_\_\_\_\_

**Soil Type**

- Clay (heavy)
- Loam
- Sand (light)

**Type of Irrigation**

- None
  - Row/Furrow
  - Drip
  - Flood
  - Sprinkler
- Water Source:**  City  Well  Ditch
- Amount? \_\_\_\_\_
- How often? \_\_\_\_\_
- When?  Morning  Afternoon  Evening

**Chemicals Applied**

- |                                      |             |             |
|--------------------------------------|-------------|-------------|
| <input type="checkbox"/> Fertilizer  | What? _____ | When? _____ |
| <input type="checkbox"/> Fungicide   | What? _____ | When? _____ |
| <input type="checkbox"/> Insecticide | What? _____ | When? _____ |
| <input type="checkbox"/> Herbicide   | What? _____ | When? _____ |

**Soil Drainage**

- Excellent
- Average
- Poor
- Wetland
- Hardpan/rock

**Insect/Weed Identification**

- Number of Insects/Weeds
- Few  Many
- Are they causing a problem?
- Yes  No

**Specific Symptoms (✓ all that apply)**

**Plant Symptoms - Degree of Injury**

- |  |                                 |                                   |                                |  |                                 |                                   |                                |
|--|---------------------------------|-----------------------------------|--------------------------------|--|---------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Yellowing     | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light | <input type="checkbox"/> Leaf mottling     | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |
| <input type="checkbox"/> Wilting       | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light | <input type="checkbox"/> Leaf fall         | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |
| <input type="checkbox"/> Leaf spot     | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light | <input type="checkbox"/> Stunting          | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |
| <input type="checkbox"/> Shot holes    | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light | <input type="checkbox"/> Canker            | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |
| <input type="checkbox"/> Chewing       | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light | <input type="checkbox"/> Root rot          | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |
| <input type="checkbox"/> Trunk splits  | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light | <input type="checkbox"/> Abnormal growth   | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |
| <input type="checkbox"/> Trunk damage  | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light | <input type="checkbox"/> Fruit spot        | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |
| <input type="checkbox"/> Boring        | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light | <input type="checkbox"/> Fruit rot         | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |
| <input type="checkbox"/> Marginal burn | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light | <input type="checkbox"/> Banding on needle | <input type="checkbox"/> Severe | <input type="checkbox"/> Moderate | <input type="checkbox"/> Light |

**Area of Plant Affected**

- |                               |                               |                                |                                  |                               |                                 |                                 |   |   |
|-------------------------------|-------------------------------|--------------------------------|----------------------------------|-------------------------------|---------------------------------|---------------------------------|---|---|
| <input type="checkbox"/> Wood | <input type="checkbox"/> Cone | <input type="checkbox"/> Trunk | <input type="checkbox"/> Leaf    | <input type="checkbox"/> Pith | <input type="checkbox"/> Flower | <input type="checkbox"/> Needle | <input type="checkbox"/> Upper Branches | <input type="checkbox"/> Lower Branches |
| <input type="checkbox"/> Bark | <input type="checkbox"/> Bud  | <input type="checkbox"/> Root  | <input type="checkbox"/> Petiole | <input type="checkbox"/> Stem | <input type="checkbox"/> North  | <input type="checkbox"/> South  | <input type="checkbox"/> East           | <input type="checkbox"/> West           |

How much of the plant is affected? \_\_\_\_\_ %

Has the problem site been altered in any way (paving, construction, excavation, soil added, etc.) in the past 5 years? Please explain. \_\_\_\_\_

**FOR OFFICE USE ONLY**

DIAGNOSIS: \_\_\_\_\_ Identification by: \_\_\_\_\_

RECOMMENDATION: \_\_\_\_\_

Reference: \_\_\_\_\_

Date answer given: \_\_\_\_\_ Answer given by: \_\_\_\_\_

- Answering machine  Verbal on telephone  In person  Mailing  On-site  COMPLETED