



Date _____
Client _____
Property _____

Field Diagnosis and Plant Assessment Checklist

Plant ID

Age of plant

Location of plant

Symptoms

Plant parts affected

Chlorosis

Wilt

Leaf Spots

Leaf Distortion

Rot

Degree of symptoms

Whole plant

Isolated sections

Few leaves or shoots

Few roots

Symptoms on all similar plants or isolated on a few plants

How many plants/
which plants with
symptoms

Percentage of plants

Length of time

symptoms observed?

days, weeks, months

Changes to property

Construction

When/ type

Power outages

Soil

Texture

Drainage

Grade changes/disturbances

Has soil been amended

Compaction

Water infiltration or percolation

Root crown visible/correct level

Fertilization

Product/ rate _____
Application method _____
Frequency or timing _____
Application dates _____

Irrigation

Delivery method _____
Frequency, volume, depth _____
Schedule changes in last 4 seasons _____

Recent weather changes

Day & night temp. patterns _____
Winds, extremes _____
Precipitation _____

Plant or soil testing

Prior diagnosis provided _____
Testing provided by _____
Results _____

Pest Infestation

ID pest _____
Damage seen _____
Symptoms of pest infestation _____

Pesticide Use

Past use of pesticides (all) _____
Currently use of pesticides _____
Damage seen _____
Symptoms of damage _____

Description of concern

Thoughts or recommendations

