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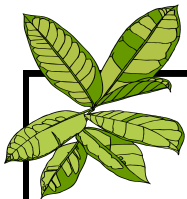
Diagnostic Form

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone Numbers: (home) _____ (work or cell) _____

Is this for: Yourself a Client Email Address: _____
May we add you to our email mailing list? Yes No



Plant

Name of Plant (if known): _____

If Identification Only is Needed:

Type of Plant (Check one below):

- shrub tree
 vine flower
 vegetable unknown

How tall does it grow? _____

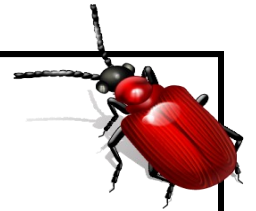
Are there **Berries/ Flowers?** (Circle)

If so, when? _____

What color? _____

Is there a problem with this plant?

IF YES (Complete back of form.)



Insect

(or Other)

When was it found? _____

Where was it found? _____

How many did you find?

- 1 or 2
 a few (3-10)
 many (10-50)
 extreme amount (50 or more)

Is it causing a **problem?**

- NO, Identification Only.**
 YES (Explain below.)

Submitted to the following lab:

- Insect Chesterfield
 Weed
 Plant Disease
 Nematode

Name: _____

Date: _____

Identification/ Recommendation: _____

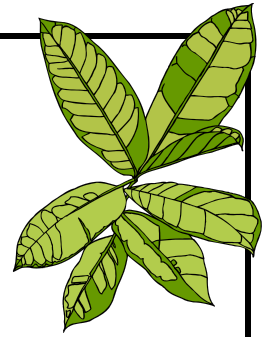
Diagnosis Category _____ IPM?

Name: _____ Date: _____

Results provided to client on _____ Via _____ Name _____

Comments: _____

PLANT PROBLEM *(continued)*



Plant Part Affected

- Roots
- Crown
- Stem or branch
- Leaves
- Flower
- Fruit
- Seeds

General Appearance

- Wilted
- Yellowed
- Stunted
- Stained/streaked
- Leaf spot/ blight
- Leaf mottle
- Other _____

Disease Distribution

- General
- Scattered plants
- In spots or groups
- Certain cultivar
- In low areas
- Upland areas
- Other _____

Date symptoms first noticed: _____

Symptom occurrence in previous years? No Yes Unknown

Severity of problem: A few leaves/branches Many leaves/branches Entire Plant

Number of Plants affected _____ or Percent of Crop affected _____

If lawn, how much of area is affected? One patch Small area Large area Entire lawn

Size of total planting: Number of plants _____ or Square feet _____ or Acres _____

Where is the plant located? Lawn Garden Landscape Indoors Other _____

Type of **Exposure?** Full sun Partial shade Full shade Windy Protected

How old is the plant or when was it planted? _____

Number of years in present site: less than 2 less than 4 less than 10 greater than 10

Has the plant been **irrigated?** No Yes How much? _____

Has the plant been **mulched?** No Yes How much? _____

If plant is woody: Approximate age _____ Height _____ Stem diameter _____

Canopy: Few or no dead limbs 20-50% dead limbs 50% or more dead limbs

Condition of Trunk: Healthy Light damage Heavy damage (please describe)

Root damage or soil disturbance from any of the following: Sidewalks Driveways

Trenches Retaining walls Compaction Construction activities Other _____

Briefly describe the situation and ask specific questions you would like answered:

