

WSU Lewis County Master Gardener Plant & Insect Clinic Intake Form

Name: _____

Date: _____

Address: _____

Phone: _____

EMAIL: _____

Contact method: In-person Email Phone

Ethnicity: WH BL NA HS AS

New client to the Plant & Insect Clinic? Yes No

Gender (total # in attendance): M _____ F _____

| PROBLEM/QUESTION To be filled out by client | DIAGNOSIS/RECOMMENDATIONS To be filled out by Master Gardener |
|--|--|
| <p> <input type="checkbox"/> PLANT <input type="checkbox"/> INSECT <input type="checkbox"/> OTHER _____ <input type="checkbox"/> IDENTIFICATION or <input type="checkbox"/> PROBLEM <u>EXPLAIN/DESCRIBE:</u> DATE PLANTED: _____ HOW WAS IT PLANTED: _____ SAMPLE CAME FROM: <input type="checkbox"/> Yard/landscape <input type="checkbox"/> Field/Farm <input type="checkbox"/> Orchard <input type="checkbox"/> Greenhouse <input type="checkbox"/> Vegetable Garden <input type="checkbox"/> Lawn <input type="checkbox"/> Other: _____ SIZE OF AFFECTED AREA _____ in/ft. % AFFECTED: _____ PLANT DISTRIBUTION: <input type="checkbox"/> single plant <input type="checkbox"/> grouped <input type="checkbox"/> scattered BORDERS: <input type="checkbox"/> field <input type="checkbox"/> forest <input type="checkbox"/> roadway <input type="checkbox"/> waterway <input type="checkbox"/> path <input type="checkbox"/> structure EXPOSURE: <input type="checkbox"/> full sun <input type="checkbox"/> partial shade <input type="checkbox"/> full shade <input type="checkbox"/> windy <input type="checkbox"/> protected SOIL TYPE: <input type="checkbox"/> sandy <input type="checkbox"/> clay <input type="checkbox"/> loamy <input type="checkbox"/> organic <input type="checkbox"/> hard pan <input type="checkbox"/> soilless media SOIL TEXTURE (if known): _____ SOIL pH (if known): _____ USDA Hardiness Zone (if known): _____ NPK levels (if known): (high, mid, low, or none) N _____ P _____ K _____ PREVIOUS CROPS: _____ IRRIGATION TYPE: <input type="checkbox"/> overhead <input type="checkbox"/> drip & FREQUENCY: _____ CHEMICALS APPLIED: _____ AMOUNT / FREQUENCY: _____ </p> | <p style="text-align: center;">RESOURCES</p> <p> <input type="checkbox"/> Hortsense <input type="checkbox"/> Pestsense <input type="checkbox"/> PNW Handbooks <input type="checkbox"/> Extension Publication (university & pub. #): _____ <input type="checkbox"/> Other university source(s): _____ <input type="checkbox"/> Government source(s): _____ <input type="checkbox"/> Web source: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> PESTICIDES/HERBICIDES RECOMMENDED Chemical name(s): _____ DISCUSSED: <input type="checkbox"/> Integrated Pest Management <input type="checkbox"/> least toxic choices <input type="checkbox"/> pest-resistant plants <input type="checkbox"/> pesticide labels MG(s) on case: _____ Trainee(s) on case: _____ </p> |

For Master Gardener Plant & Insect Clinic Use Only

MG Volunteer(s):

Date PIC Case Solved:

MG Trainee(s):

Date PIC Case Solved:

>>> CHECK ALL MAJOR CATEGORIES THAT WERE ADDRESSED IN THIS CASE <<<

| Pesticide Use Safety | Landscape Plants | Vegetable Gardening | Small Fruits | Landscape Trees | Fruit Trees | IPM Methods | Lawn Care | Composting Soil | Bee Pollinator | Native Plants | Water Conservation | Rain Garden | Water Quality | Weed Management | Fire Resistant Landscaping |
|----------------------|------------------|---------------------|--------------|-----------------|-------------|-------------|-----------|-----------------|----------------|---------------|--------------------|-------------|---------------|-----------------|----------------------------|
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