RAMSEY COUNTY MASTER GARDENER

Diagnostic Clinic

UNIVERSITY OF MINNESOTA | EXTENSION

Date _____

Resident Information

Race	☐ Am. Indian	☐ Asian	☐ Black/ African Am.	☐ Hispanic/ Latino	☐ White	
	☐ Pacific Islander	☐ Not listed	☐ 2+ Races	☐ Decline to respond		
Gender	☐ Male	☐ Female	☐ Non-binary	☐ Not listed	☐ Decline to respond	

Resident's Plant Question

What is your primary question?

Plant Background Information

Kind of Plant
- ☐ Trees, Shrubs, Vines
- ☐ Lawn Plants
- ☐ Ornamental Flowers
- ☐ Fruit or Vegetable
- ☐ Houseplant
- ☐ Weed or Wildflower/Plant

Plant Name (*best guess*)
_____

Size of Plant
- ☐ Height _____ (ft)
- ☐ Diameter _____ (in)

Age of Plant
- ☐ Young
- ☐ Mature/Full-size
- ☐ Old

Number of plants affected?
- ☐ Single plant
- ☐ Multiple plants
- ☐ Entire group

Are all affected plants the same kind?
☐ Yes ☐ No

Did you bring a sample?
☐ Yes ☐ No

Plant Symptoms

Part(s) Showing Symptoms
- ☐ Leaves
- ☐ Flowers
- ☐ Fruit or Seeds
- ☐ Trunk or Stem
- ☐ Branches or Vines
- ☐ Roots

What kind of damage?
- ☐ Holes
- ☐ Tears
- ☐ Missing pieces
- ☐ Dead/dying parts
- ☐ Discoloration
- ☐ Misshapen
- ☐ Wilting

Where do you see symptoms?
- ☐ Top of plant only
- ☐ Middle of plant only
- ☐ Bottom of plant only
- ☐ Inside (near stem/trunk)
- ☐ Outside (furthest edges)
- ☐ One side only _____

Leaf Color
- ☐ Normal
- ☐ Pale green
- ☐ Yellowed
- ☐ Brown
- ☐ Other _____

Flowers Condition
- ☐ Normal
- ☐ Abnormal
- ☐ Undersized
- ☐ Fail to bloom
- ☐ Other _____

Fruit & Seed Condition
- ☐ Normal
- ☐ Damaged / Broken
- ☐ Distorted
- ☐ Undersized
- ☐ Other _____

% of leaves affected _____ **% of flowers affected** _____ **% of fruit/seeds affected** _____

Garden Information

Sun Exposure	☐ Full sun	☐ Part sun	☐ Shade	☐ Unsure		
Soil Type	☐ Clay	☐ Silt	☐ Sand	☐ Loam	☐ Unsure	☐ Soil Was Tested
Water Schedule	☐ None/Rain Only	☐ Sometimes	☐ Frequently	☐ Unsure		
Fertilizer Use	☐ None	☐ Once yearly	☐ Often per season	☐ Unsure	☐ Synthetic Fertilizer	
Pesticide Use	☐ None	☐ Rarely	☐ Sometimes	☐ Frequently	☐ Neighbor does	☐ Unsure

The Ramsey County Master Gardeners are part of the University of Minnesota Extension program. We are required to report on the participation of their events. Accurate records document our impact in the community.

CLINIC USE ONLY

Master Gardener Diagnosis

What is the answer to the resident's question(s)?

Recommendations	Details
☐ Non-Chemical Solution	_____
☐ Chemical Solution	_____
☐ No Action Needed	_____
	_____
	_____
MG Responding (name)	_____

Unresolved Issues

ONLY if this issue is unresolved at the end of your clinic shift, please describe any research you have conducted, including phone calls to Extension staff or other resources.

What do you know so far?	Details _____ _____ _____ _____ _____
What remains to be done?	Details _____ _____ _____
Resident contact information	Name, phone number OR email address _____ _____
Lead MG contact information	Name, phone number _____