



Horticultural Helpline Intake Sheet

ID# _____

Incoming Request: _____
 Date _____ Time _____

Intake Method: Email Sample Photos

Client Information

Name:

Address:

Phone:

Other:

Email:

We will respond via email.

Location of issue:

Question:

Last Name: _____
ID# _____

Soil Information:

Type of soil:	Sandy	Loam	Clay
Drainage:	Good	Moderate	Poor
Compaction:	Loose	Moderate	Compacted

Site History

Year planted:
 Date transplanted:
 Location of plant:
 Mulch (type and depth):
 Irrigation frequency:

Treatments

Applied:	Product	Date
Fungicide		
Herbicide		
Insecticide		
Fertilizer		
Other		

Insect Information

Where was it found:
 Time of day:
 Frequency:
 Appearance: jumping flying other

Plant

Symptoms

Leaf spot	Canker
Leaf Yellowing	Dieback
Leaf Scorch	Stunting
Leaf Drop	Abnormal growth
Wilt	Root rot
Other	

Plant part affected:

Leaves
 Branches
 Roots
 Fruit
 Flowers

Distribution of issue:

Single plant
 Most plants
 Patch
 Scattered
 Top of plant
 Bottom of plant

Exposure:

Full sun
 Partial sun
 Shade