



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