

# U-Idaho Extension | Canyon County Master Gardener Volunteer Plant Clinic

Phone Call	<input type="checkbox"/>
Walk-in	<input type="checkbox"/>
Email	<input type="checkbox"/>

## Client Information Form – PLANT PROBLEM

Date: \_\_\_\_\_ Master Gardeners on Duty: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Email: \_\_\_\_\_

Was a sample submitted?  YES  NO If yes, where is it?  Fridge  Hallway  Other \_\_\_\_\_

Was a photo submitted?  YES  NO If yes, where is it? \_\_\_\_\_

<p><b>Type and Variety of Plant (if known):</b> <b>Describe the Problem:</b></p>	<p><b>Draw map of plant location.</b> <b>Indicate direction.</b></p>
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<p>How long has this been going on? Are any other plants affected? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what kinds?  Have you noticed a pattern to the damage/disorder?  Describe your soil: Age of plant: Did you plant it? Plant is located in <input type="checkbox"/> lawn, <input type="checkbox"/> landscape, <input type="checkbox"/> parking strip <input type="checkbox"/> other: _____ Do you use mulch around the plant? <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> plastic <input type="checkbox"/> fabric <input type="checkbox"/> rock <input type="checkbox"/> rubber <input type="checkbox"/> wood chips Sun Exposure: <input type="checkbox"/> shade <input type="checkbox"/> partial sun <input type="checkbox"/> full sun</p>	<p>How is your plant watered? How often? _____ For how long? _____ List all insect killers you have used anywhere:  List any and all weed killers you have used anywhere:  List any and all fertilizers you have used anywhere:  For Trees: In the past five years, has the tree: <input type="checkbox"/> had any construction done near it? <input type="checkbox"/> been subject to a change in grade? <input type="checkbox"/> experienced any injury to trunk or roots? <input type="checkbox"/> had a new lawn or garden installed around it? Explain: _____</p>
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**Our Answer or Solution:**

  
  
  
  
  
  
  
  
  
  

**Publication(s) given or mailed to client:**

  
  
  
  
  
  
  
  
  
  

Sources Checked: \_\_\_\_\_ Page Numbers: \_\_\_\_\_

<p><b>Call is Complete. Client was:</b></p> <p><input type="checkbox"/> Given an answer by phone <input type="checkbox"/> Given an answer by voicemail <input type="checkbox"/> Given an answer in person <input type="checkbox"/> Mailed information <input type="checkbox"/> Emailed information</p> <p><input type="checkbox"/> Sent to _____ for additional help</p> <p>Initial _____, date _____ and place in the <b>FINISHED CALLS</b> box.</p> <p><input type="checkbox"/> Tree &amp; Turf Team Completed</p>	<p><b>Call is Not Complete. Client was:</b></p> <p><input type="checkbox"/> Called or <input type="checkbox"/> emailed for more information:</p> <table border="1"><thead><tr><th>Date</th><th>Left Message</th><th>No Answer</th><th>MG on Duty</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <p>Do not try more than three times to reach a client. If you've tried with no luck, check here <input type="checkbox"/></p> <p>Then initial _____, date _____ and place in <b>FINISHED CALLS</b> box</p> <p><input type="checkbox"/> Tree &amp; Turf Team Completed</p>	Date	Left Message	No Answer	MG on Duty												
Date	Left Message	No Answer	MG on Duty														

**Call is Not Complete. I'm waiting for an answer from someone else:**

Sample  Photos were sent to \_\_\_\_\_ on \_\_\_\_\_  
Person or Facility Date

Answer received:

  
  

Answer was communicated to client  by phone,  by message,  in person,  by mail,  by email

**Call is Complete.** Initial \_\_\_\_\_, date \_\_\_\_\_ and place in **FINISHED CALLS** box.

Tree & Turf Team Completed