



Diagnostic Clinic

Date _____

Resident Information

Race	<input type="checkbox"/> Am. Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/ African Am.	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> White
	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Not listed	<input type="checkbox"/> 2+ Races	<input type="checkbox"/> Decline to respond	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Not listed	<input type="checkbox"/> Decline to respond

Resident's Insect Question

What is your primary question?

Insect Location Information

Location of Insect (outside)

- On tree or shrub
- On other plants
- Ground, pavement or lawn
- On or near building
- In public park or trails
- Wild spaces
- Other _____

Location of Insect (Inside)

- Pantry
- Kitchen
- Bathroom
- Basement
- Other _____

Did you bring a sample?

- Yes No

Is sample alive?

- Yes No

Insect Name (best guess)

Insect Impact & Damage Information

Plants Affected

- Yes No

Plant(s) Affected

- Trees, Shrubs, Vines
- Lawn Plants
- Ornamental Flowers
- Fruit or Vegetable
- Houseplant
- Specific Plant _____

How is the plant affected?

- Holes or missing parts
- Wilting
- Discoloration
- Misshapen
- Webbing
- Other _____

People or Animals Affected

- Yes No

Person(s) or Animal(s) Affected

- Adult Child
- Pet Wildlife
- Other _____

How is the person(s) or animal(s) affected?

- Bites Stings
- Other _____

How long has damage occurred?

- Less than 1 week
- 1-4 weeks
- More than 1 month
- Other _____

How often has there been damage?

- Only once
- Few times monthly
- Few times yearly
- Multiple years
- Other _____

How much damage is there?

- None A little
 Some A lot

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

CLINIC USE ONLY

Master Gardener Diagnosis

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

Recommendations	Details
<input type="checkbox"/> Non-Chemical Solution	_____
<input type="checkbox"/> Chemical Solution	_____
<input type="checkbox"/> 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 _____