Cornell University
Cooperative Extension
Rockland County

10 Patriot Hills Drive
Stony Point, NY 10980
Phone: (845) 429 - 7085
Fax: (845) 429 - 8667
www.rocklandcce.org

House Plant Diagnosis $15.00

The quality of your specimen is critical for receiving an accurate diagnosis. Please submit a sample that includes a progression of the problem on vegetative growth, such as a branch/stem with healthy to unhealthy foliage. Dead (plant, branch, fruit/vegetable or leaf) specimens are difficult and sometimes impossible to identify or diagnose.

Please Print

Name _____
Address _____
City/State/Zip _____
Phone _____Email_____

Date Received _____
Date Finished _____
Called _____
Sent F.S ☐

Date Collected _____

Name of Plant _____ Variety _____ Age of Plant _____ Size _____

Pot Size:	☐ 4”	☐ 6”	☐ 8”	☐ 10”	☐ 12” or more	☐ Flat or Dish	☐ Bonsai	☐ Other _____
Drainage Holes	☐Yes	☐No						
Soil Type	☐ Compost Based		☐ Soil-less		☐ Sandy		☐ Other_____	
Watering Frequency	☐<Once weekly		☐Once weekly		☐> Once weekly			
Humidity:	☐ Low		☐ Medium		☐ High			

Lighting: # of hours _____	☐ Direct Sun	☐ Artificial Light	☐ Bright, Indirect	☐ Low-light
Plant (window) Faces	☐ North	☐ South	☐ East	☐ West
Distance from window_____			**Room Temperature** _____	
Location	☐ Near Door ☐ Open Window	☐ Heater ☐ AC	☐ Other _____	

Chemical Treatment	☐None ☐Biostimulant	☐Fertilizer ☐Insecticide	☐Fungicide ☐Herbicide	When Applied _____
Pattern of Problem	☐Single Plant ☐Random Plants ☐All Plants	☐Upper Portion ☐Lower Portion ☐Entire Plant	☐New Growth ☐Older Growth	☐One Side Only ☐Other _____
Parts Affected	☐Leaves ☐Stems	☐Buds ☐Flowers	☐Fruit	☐Roots
Symptoms	☐Leaf Spot ☐Leaf Drop ☐Yellowing	☐Burn or Scorch ☐Wilting ☐Dieback	☐Stunting ☐Distortion ☐Galls or Swelling	☐Rot/Fruit Decay Other_____

Office Use Only:

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Building Strong and Vibrant New York Communities