OSU Extension Metro Master Gardener™
Client Referral Form – Plant for ID only
Use this form for cases you need to refer to the next MG shift.

<table>
<thead>
<tr>
<th>Name of Intake person</th>
<th>Date</th>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Client name</td>
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<td>Mailing address</td>
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<td>Email address</td>
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</tbody>
</table>

Provide information based on “Questions to Ask Clients” form on desk.
(Use the back of this form if more space is needed)

**Type of plant**  
Tree __ Shrub __ Vine __ Herbaceous __ Evergreen __ Deciduous __ Houseplant __

**Where growing**  
Indoors __ Outdoors __ Potted __ In ground __ Greenhouse __ In water __

**Exposure**  
Full sun __ Part sun __ Full shade __ Part shade __

**Soil**  
Sandy __ Loam __ Clayey __

**Soil moisture**  
Well-drained __ Tends to be dry __ Wet __

**Size**  
Height ______  Width _____  Age, if known ____________

**Describe flower**


**Bloom season**

**Describe leaves**


**Describe fruit**


**Client’s concern?**


**Answer & Client notification**

**Diagnosis or identification**

**Recommendation**


**Source(s) of information**


Client notified by ___________________________  Date _______  Via phone ___  Via mail ___  Via email__

rev 2010-04

Date Referral was uploaded to MG Forum ____________

After notification: 1) Record completion on Daily Log.  2) Save sample.  3) Place form in Archives loose-leaf.