Colorado State University Extension

CLINIC DIAGNOSTIC FORM

Jefferson County, Colorado • 15200 W. 6th Ave., unit C
Golden, Colorado 80401 • (303) 271-6620

Make checks payable to: Jefferson County Treasurer

County _____

Date paid _____

Cash ☐ $ _____

Check # _____

VISA ☐ MC ☐

☐☐☐☐ Exp. _____

Sample # PDIS #

Do you want a: ☐DIAGNOSIS ☐INSECT ID ☐PLANT ID

Full name _____ Day phone ( ) _____

Business sample? _____ Organization name _____

How did you hear about us? _____

Address _____ City _____ County _____ Zip _____

Results to be: ☐PHONED ☐MAILED ☐FAXED # _____ ☐E-MAILED _____

The following information is strictly voluntary and will help us to better serve the diverse audiences of Jefferson County: Male ____Female ____ White, Caucasian ____ Black, African American ____ Am Indian/Alaskan ____ Asian/Pacific Islander____ Mixed race/Other ethnicity____Spanish Origin ____

FOR OFFICE USE ONLY

1) Received by _____ Date _____ Sample condition: _____

2) Send to outside lab? _____ Date sent _____ Sent to: _____

3) Tests to be done? _____

4) Symtoms/Description: _____

5) Problem distribution in the landscape/home: _____

6) Control measures tried: _____

7) DIAGNOSIS: _____

8) Suggestions for remedy: _____

Diagnosis Completed by: _____ **# of public contacts** _____ **Date completed** _____ **Date entered** _____

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