

Houston Neuropsychology Associates, PLLC

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**Neuropsychological Evaluation**

**Name:** Michael Abbs

**Referral Source:** Leslie Juarez, PA-C

**Date of Birth:** 5/25/55

**Date of Evaluation:** 6/25/26

**Reason for Referral:** Mr. Abbs’s neurology physician assistant referred him for neuropsychological evaluation due to suspected cognitive decline. Results will elucidate his current level of functioning to inform diagnostic decision-making and treatment planning.

**Functions Assessed and Instruments Employed:**

**Background**

Clinical Interview

Medical History Questionnaire

**Intellectual**

Wechsler Adult Intelligence Scale – IV (portions)

**Language**

Token Test (MAE)

NAB Naming Test

Verbal Fluency (FAS)

Semantic Fluency (Animal Naming)

Word Reading (WRAT-5)

**Visuospatial/Constructional**

Judgment of Line Orientation

Rey Complex Figure Test (copy)

**Attention**

Digit Span (WAIS-IV)

Symbol Search (WAIS-IV)

Coding (WAIS-IV)

**Learning and Memory**

Hopkins Verbal Learning Test – Revised

Logical Memory (WMS-IV)

Visual Reproduction (WMS-IV)

**Executive Functions**

Color Trails Test

Modified Wisconsin Card Sorting Test

**Motor Functions**

Grip Strength

Grooved Pegboard

**Mood/Behavior**

Perceived Deficits Questionnaire

Patient Health Questionnaire – 9

Generalized Anxiety Disorder Questionnaire – 7

**Identifying Information:**

The following information comes from a clinical interview with Mr. Abbs and his wife, as well as a review of available medical records. Mr. Abbs is a 71-year-old, right-handed, married African American male with 12 years of education.

**Presenting Problems:** Mr. Abbs denied having cognitive problems. “Everything is fine,” he said. According to his wife, however, he forgets information told to him and needs reminders. He often misplaces items and has difficulty locating them. She commented, “He’s very forgetful.” Nevertheless, she indicated that his memory problems are stable rather than progressive, adding, “He’s been like this ever since I’ve known him.” A review of available medical records indicates that he was originally referred to neurology after failing a “Neurotrax” assessment at his primary care provider’s office, which subsequently prompted a formal neuropsychological evaluation.

Mr. Abbs denied experiencing mood disturbance. His appetite is stable, though he indicated he has gained approximately eight pounds over the last eight months. His sleep and energy level are adequate. He denied suicidal ideation. There have been no apparent personality changes or psychotic features.

His wife reported that she has managed his medications and their finances since they married 10 years ago. He denied any instances of becoming lost or confused on the road, as well as any recent auto accidents. His ability to perform activities of daily living is otherwise reportedly unchanged from his baseline.

**Medical History:** He has diabetes, hypertension, neuropathy, and arthritis.

A CT scan of the brain (4/03/2025) reported no evidence of acute infarct, hemorrhage, or hydrocephalus.

Surgeries: left pelvic repair.

Current medications: Humalog, lisinopril, low-dose aspirin, and tamsulosin HCl.

Substance use: He denied a history of alcohol and nicotine use. He smokes marijuana approximately twice a week.

Family history: His mother had cerebrovascular disease and hypertension; she died at 93. His father had Alzheimer's disease and cerebrovascular disease; he died at 78. He has six brothers and four sisters. Two of his brothers have colorectal cancer. Another brother has throat cancer. One of his sisters has heart disease. Another sister has breast cancer. The remainder of his siblings are reportedly healthy.

**Mental Health History:** He denied a history of mental health diagnosis and treatment.

**Educational History:** Mr. Abbs is a high school graduate. He reported earning a C-D average in school. He repeated the second grade and noted experiencing some trouble with learning. He denied a history of known specific learning disorder.

**Occupational History:** He worked as a school bus driver and then as a carpenter. He retired in 2020.

**Social History:** Mr. Abbs was born in Houston. He has been married to his current wife for 10 years, and they have been together since 2007. He was married and divorced twice previously. He has one son. He lives with his wife and grandson.

**Behavioral Observations:**

Mr. Abbs presented as a casually dressed, well-groomed gentleman. Mood was pleasant and affect was broad. Speech was fluent. He knew the current president but could not recall the previous one. In contrast, he knew the current year, month, day of the month, and day of the week. He misidentified the city as Houston; he was seen at our Pearland office. However, he knew the testing location. Orientation to person and situation was intact. During the test session, he had significant difficulty comprehending test instructions. The examiner had to provide frequent elaboration, simplification, and repetition of test instructions. With such support, Mr. Abbs understood all test instructions adequately. He was cooperative. Results appear to provide an accurate representation of his current level of neuropsychological functioning.

**Results:**

**Intellectual:** Mr. Abbs obtained a Full Scale IQ of 64, which falls within the exceptionally low range. Across ability domains, Verbal Comprehension (76) was below average and Perceptual Reasoning (58) was exceptionally low. On specific subtests, oral expression of word meanings was below average. Abstract verbal reasoning was low average. Construction of abstract block designs was exceptionally low, however. Visual pattern analysis was below average.

**Language:** Auditory comprehension of commands varying in syntactic complexity was below average. Visual object naming was exceptionally low. Controlled oral verbal fluency was exceptionally low to both phonemic and semantic criteria. Oral word reading was below average.

**Visuospatial/Constructional:** Judgment of angular line relations was below average. His copy of a complex geometric design was exceptionally low.

**Attention:** Immediate recall of orally presented number sequences was low average in forward order, but nil in reverse and numerical order due to difficulty establishing set. Speed of visuoperceptual scanning and discrimination, as well as digit-symbol association and transcription, were discontinued due to difficulty comprehending the test instructions.

**Learning and Memory:** Immediate recall of unstructured verbal material (12-word list) was exceptionally low for total word recall across three trials (3, 5, and 5 words, respectively). After a 25-minute delay, he was unable to recall any words from the list, which is exceptionally low as well. Delayed word recognition was also exceptionally low (3 hits, zero false positives).

Immediate recall of structured verbal material (stories) was low average. Delayed (30-minute) recall of the same stories was below average. Delayed recognition of story elements was low average.

Immediate recall of geometric figures was exceptionally low. Delayed (30-minute) recall of the same figures was below average. Delayed figural recognition was below average.

**Executive Functions:** Speed of visual-graphomotor tracking was exceptionally low for a simple (numerical order) sequence as well as a complex (alternating number-color) sequence. He made six errors on the complex sequence and was unable to complete it within the time limit. Performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was exceptionally low for the ability to establish and shift set.

**Motor Functions:** Grip strength was low average bilaterally. Fine motor speed (index finger tapping) was average in the right hand and low average in the left hand.

**Mood/Behavior:** His self-report of depressive symptoms fell within normal limits. His self-report of anxiety symptoms was nil.

**Impression:** Dementia of the Alzheimer's Type, Mild Severity

Mr. Abbs's neuropsychological evaluation revealed moderate impairments in object naming, verbal fluency, semantic fluency, visual reasoning skills, complex design construction, working memory, rote verbal learning and recall, visual memory, and executive functions. Mild impairments were evident in auditory comprehension, word reading, expressive vocabulary, abstract verbal reasoning, visuospatial judgment, and story memory. During the test session, he had significant difficulty comprehending test instructions. The examiner had to provide frequent elaboration, simplification, and repetition of test instructions.

In contrast, he demonstrated relatively well-preserved abstract verbal reasoning, auditory attention, grip strength (bilaterally), and fine motor speed (bilaterally). Orientation to person and situation was intact.

His self-report of depressive symptoms fell within normal limits. His self-report of anxiety symptoms was nil.

Mr. Abbs's history and current test data reveal multiple cognitive impairments that represent a significant decline from his estimated premorbid level. Impairments in receptive and expressive language, working memory, processing speed, verbal memory, visual memory, and executive functions are all salient findings. A diagnosis of mild dementia is warranted. He demonstrated no insight into the presence and extent of his cognitive impairment. His wife has historically managed his medications and their finances. Although he otherwise denied having any problems performing activities of daily living independently, the extent of cognitive impairment suggests that his self-report is probably not reliable; or, it suggests that he should probably not be doing some of these activities independently given the extent of his cognitive impairment. Unfortunately, Alzheimer's disease appears to be the most likely etiology.

**Recommendations:**

1. Mr. Abbs appears to be a good candidate for pharmacologic treatment of his mild dementia.
2. Important information should be communicated only in the presence of a family member or trusted associate. His comprehension and retention of information should not be assumed in any conversation or other communication. Someone should accompany him to all medical appointments and meetings at which important decisions will be made. He would benefit from assistance with complex decision-making. Information should be presented to him in written form when possible so that he may refer to it later.
3. His impairments in visual memory, processing speed, and executive functions raise serious concerns about his driving safety. Cessation of driving would be the safest course of action. Further details may be obtained through a driving evaluation. One is available from Strowmatt Rehabilitation Services (713-722-0667).
4. Continued oversight of his medications and finances would be prudent. The probable progressive nature of his dementia implies a need to plan in terms of his living situation and

future health care needs. His family members may wish to begin considering in-home healthcare services or assisted living options for the future.

5. Regular physical exercise is recommended for its beneficial effects on brain health and cognitive maintenance.

6. It will be important for the patient to have opportunities to socialize with others. He may also enjoy nostalgia-oriented materials for recreational purposes (e.g., old movies and music). Although he will have difficulty following new movies and programs, he may enjoy listening to those with which he is already familiar.

7. The Alzheimer's Association ([www.alz.org/texas](http://www.alz.org/texas)) provides useful information and resources for family members of AD patients. His family members might benefit from enrollment in a support group for caregivers of persons with dementia.

Thank you for this kind referral. If we may be of further assistance, please do not hesitate to contact us.

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Electronically signed: 6/29/26.