

## Houston Neuropsychology Associates, PLLC

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### NEUROPSYCHOLOGICAL EVALUATION

Name: Laura Augusta  
Date of Birth (Age): 8/16/1981 (44)  
Ethnicity/Race: Caucasian/White  
Date of Evaluation: 6/18/2026

Education: Ph.D.  
Handedness: Right  
Occupation: Art Director  
Marital Status: Married

*This evaluation was conducted for clinical treatment planning and may not be valid for other purposes.*

**History and Presenting Problem:** The following background information was gathered from an interview with the patient and a review of available medical records. Ms. Laura Augusta is a 44-year-old, right-handed, Caucasian/White female referred for a neuropsychological evaluation by Alix Halter, FNP-C, secondary to concerns about cognitive decline. MMSE was 30/30 on 10/22/2025.

Cognitively, Ms. Augusta reported noticing changes beginning in October 2024. Specifically, she reported routinely forgetting names while at social events, which has significant implications to the nature of her job. She was also misplacing items and increasingly forgetting intentions. At around the same time, she experienced a significant amount of anxiety and depression, in addition to drastic fluctuations between anger and sadness. In October 2025, she began hormone replacement therapy (HRT), which noticeably reduced her brain fog and dramatically stabilized her mood. While she is no longer losing words in the same ways, word-finding in conversation remains her primary concern, particularly as she needs to recall the names of many donors and artists for her work. She acknowledged a lack of focus and an inability to complete tasks, noting that she gets lost in tasks (which has been occurring for the last 4-5 years). She suspects she could have ADHD.

Physically, she has experienced perimenopausal symptoms including frequent hot flashes, occasional night sweats, brain fog, weight gain, fatigue, and depression over the last few years. She reported falling four times this year, which is new for her, though she sustained no injuries. Two of these falls involved tripping over her animals. She reported feeling less coordinated and clumsier. She wears glasses and notes that her vision is progressively worsening, expressing interest in following up with an ophthalmologist. Her hearing is also declining, and she suspects she needs an audiology evaluation, noting a strong family history of hearing loss at her age.

Functionally, Ms. Augusta denied any change in how well she can perform instrumental activities of daily living or personal care functions. Notably, she reported struggling with bills and banking her entire life, but currently utilizes autopay, which she finds very helpful. She reported no trouble driving, although she has always had a poor sense of direction.

Emotionally, Ms. Augusta reported that her mood has stabilized drastically over the last year. However, she acknowledged the potential impact of multiple psychosocial stressors on her mood, including navigating perimenopause, ill parents, and work demands. In fact, she began new job 18 months ago as a museum art director. Her first year was “traumatic and difficult.” She works 10-hour workdays, 5-6 days a week. However, she routinely engages in self-care activities and feels that she is coping well with stressors. Ms. Augusta denied suicidal ideation and psychosis.

Regarding health habits, her sleep schedule is very consistent, and she is sleeping well. Her appetite is good, though she reports a 40 lb. weight gain over the last few years, despite remaining very active and eating the same diet. She consumes alcohol very rarely and uses mild recreational marijuana (gummies) for sleep. She has never used nicotine.

Medical & Psychiatric History: Medical history is remarkable for asthma and allergies. She has no surgical history.

Psychiatric history includes psychotherapy for depression and anxiety.

Her mother has a history of breast cancer, kidney cancer, hypertension, anxiety, and depression. Her father has Parkinson's disease and advanced hypertension. Sibling health history is unknown. Her maternal grandmother had Alzheimer's disease, and paternal aunts and uncles had dementia.

Medications: cetirizine, estradiol, testosterone, progesterone, and vitamins.

Psychosocial History: Ms. Augusta was born in Kansas and raised in Georgia. She denied any history of learning problems, noting she was in gifted and talented programs and did well in school. She suspects possible ADHD as a child but indicated that her hyper-focus seemed to serve her well rather than hinder her achievement. She earned a bachelor's degree in studio art and English, a master's degree in art history, and a Ph.D. in art history.

Vocationally, she has worked at various museums. From 2015 to 2022, she was an independent curator and writer, and she has been a museum art director since 2024.

She has been married for two years and has five cats and one dog.

Behavioral Observations: Ms. Augusta presented to the appointment alone. She was casually dressed and adequately groomed. She ambulated independently, with an unremarkable gait and normal motor behavior. Interpersonally, she was friendly and cheerful. Comprehension was grossly intact, and spontaneous speech was clear and fluent. Thought content was logical, without behavioral indication of hallucinations or delusional thinking. She was alert and fully oriented, maintaining good eye contact. Vision (corrected) and hearing were adequate for testing purposes. Rapport was established with ease.

Regarding test-taking style, she was generally easily engaged, relaxed, and confident. However, she showed reduced frustration tolerance on select measures (e.g., MWCST and Matrix Reasoning). Overall, she worked quickly and she was highly cooperative.

Results: Ms. Augusta scored within expected limits on measures of task engagement/performance validity. Cognitive results are considered valid.

*Performance descriptors follow the American Academy of Clinical Neuropsychology consensus statement on uniform labeling of test scores.*

<b>Domain</b>	<b>Test Name</b>	<b>Raw Score</b>	<b>Descriptor</b>
Auditory Attention	WAIS-IV DSF	11	Average
	WAIS-IV DSB	8	Average
	WAIS-IV DSS	11	High Average
Visual Attention & Processing Speed	WAIS-IV Coding	89	Above Average
	WAIS-IV Symbol Search	35	Average
	Trail Making Test- A	19 seconds	High Average
	D-KEFS Color-Word Color Naming	18 seconds	Above Average
	D-KEFS Color-Word Word Reading	15 seconds	Above Average
Language	WRAT-5 Word Reading	69	Above Average
	NAB Naming	29	Low Average
	Animal Naming	19	Low Average
Verbal Memory	CVLT-3 Total (6-8-12-14-14)	54	Average
	CVLT-3 Short Delay Free	13	High Average
	CVLT-3 Short Delay Cued	12	Average
	CVLT-3 Long Delay Free	12	Average
	CVLT-3 Long Delay Cued	11	Average
	CVLT-3 Total Repetitions	8	Average
	CVLT-3 Total Intrusions	1	High Average
	CVLT-3 Recognition Hits	12	Below Average
	CVLT-3 False Positives	0	High Average
	CVLT-3 Recognition discrimination	---	Average
WMS-IV	Logical Memory I	34	High Average
	Logical Memory II	34	Above Average
	Recognition	26	Within Normal Limits
Visual Memory			
	WMS-IV Visual Reproduction I	42	High Average
	WMS-IV Visual Reproduction II	21	Average

	Recognition	6	Within Normal Limits
Visuospatial	WAIS-IV Matrix Reasoning	22	High Average
	Benton Judgment of Line Orientation	22	Low Average
	RCFT Copy	34	Within Normal Limits
Executive Functioning	FAS	60	High Average
	Trail Making Test- B	35 seconds	High Average
	D-KEFS Color-Word Inhibition Time	35 seconds	Above Average
	D-KEFS Color-Word Inhibition Errors	0	High Average
	D-KEFS Color-Word Inhibition/Switching Time	56 seconds	Average
	D-KEFS Color-Word Inhibition/Switching Errors	0	High Average
	WAIS-IV Similarities	31	High Average
	M-WCST Categories Completed	6	Average
	M-WCST Perseverative Errors	4	Below Average
Motor	Grooved Pegboard- DH	68 seconds	Low Average
	Grooved Pegboard- NDH	64 seconds	Average
Self-Report	BDI-II	23	Moderate symptoms of depression
	GAD-7	8	Mild symptoms of anxiety

**Impressions:** Performance on the current neuropsychological evaluation is interpreted within the context of premorbid ability, which is estimated to be within the high average based upon her reported academic/vocational achievement and performance indicators.

Ms. Augusta's neurocognitive profile is characterized by multiple, robust strengths. She scored within the high average to above average range across measures of complex auditory attention, visual attention and processing speed, contextual learning/memory, and nonverbal reasoning. Most of her executive functioning performances, including cognitive flexibility, conceptual reasoning, response inhibition, and visuospatial planning and construction of a complex figure, also fell in the high average to above average range.

Rote list learning was within the high average range, with delayed recall generally falling within the average range. Interestingly, she demonstrated an atypical pattern during recognition testing; despite her intact, unprompted recall, she produced unexpectedly lower recognition hits (below

average). By contrast, registration of visual information was similarly high average, but followed a more expected trajectory of average recall and adequate recognition (6 of 7 targets identified).

Amidst her strengths, Ms. Augusta exhibited mild areas of cognitive inefficiency that align closely with her subjective complaints. In the language domain, while her basic word reading and phonemic fluency were strong, she displayed relative weaknesses in confrontation naming and semantic fluency (both fell in the low average range). These findings correlate directly with her real-world reports of word-finding difficulties and trouble remembering the names of donors and artists. Furthermore, she showed mild vulnerabilities in nonverbal problem-solving efficiency (perseverative errors on a card sorting task), judgment of angular line relations, and fine motor dexterity in her dominant hand.

From an emotional standpoint, Ms. Augusta endorsed clinically elevated symptoms of depression (moderate) and anxiety (mild) on self-report inventories.

On the MMPI-2-RF, Ms. Augusta's profile was marked by variable response inconsistency, where the resulting profile is interpreted with caution. Within this context, her responses were consistent with individuals who report heightened psychological distress and somatic complaints not typical of individuals with varied medical conditions. Individuals with similar profiles report a sense of malaise manifested in poor health, dissatisfaction with current life circumstances, and multiple internalizing symptoms (significant stress/worry, anxiety, behavior-restricting fears). Interpersonally, her responses are commensurate with individuals who report introversion, conflictual family relationships, and disaffiliativeness.

Summary: Ms. Augusta's neurocognitive profile is characterized by multiple, robust strengths and falls broadly within normal limits. Objective test data reveal a fundamentally intact neuropsychological baseline, with performances across attention, processing speed, memory, and executive functioning falling within or above expectation. While she demonstrated mild, isolated inefficiencies in expressive language (confrontation naming and semantic fluency), fine motor dexterity, and specific aspects of spatial perception and problem-solving, there is no evidence to suggest an active neurodegenerative process. It should also be noted that her self-reported suboptimal and progressively worsening vision may be actively contributing to some of these visually mediated inefficiencies.

Circumscribed weaknesses on testing appear to be the functional manifestation of compounding systemic and psychological factors. Specifically, her cognitive efficiency is likely being compromised by the ongoing physiological shifts of her perimenopausal transition, clinically elevated psychological distress (including depression, anxiety, and somatic concerns), and the heavy cognitive load of her demanding career and caregiver responsibilities. While Ms. Augusta questioned whether her focus issues could be indicative of ADHD, this was not explicitly assessed. However, given her highly intact objective attention scores and the recent onset of her difficulties, her tendency to get "lost in tasks" appears best explained by the cognitive overload associated with the aforementioned factors.

Overall, this is a reassuring cognitive evaluation. Her subjective experience of "brain fog" and word-finding difficulties is a valid reflection of her current cognitive and emotional overload, but

her baseline functioning remains highly intact and is expected to stabilize with appropriate emotional, medical, and psychosocial support.

Diagnosis: Cognitive Impairment Ruled Out

Major Depressive Disorder, Single Episode, Moderate Severity, With Anxiety

Recommendations:

1. **Medical & Hormonal Management:** Ms. Augusta should continue routine follow-up with her primary care physician and gynecologist to monitor her perimenopausal symptoms and evaluate the ongoing efficacy of her hormone replacement therapy.
2. **Psychotherapy:** Given her moderate depressive symptoms and mild anxiety symptoms, she may benefit from re-engaging in individual psychotherapy. Evidence-based approaches such as Cognitive Behavioral Therapy (CBT) can assist in developing coping strategies for managing her high-stress career and caregiving burden.
3. **Health Behaviors & Self-Care:** Ms. Augusta is commended for her current commitment to physical activity, consistent sleep routines, and proactive self-care. She is strongly encouraged to maintain these positive health behaviors, as routine exercise, a well-balanced diet, and restorative sleep are highly neuroprotective and critical for buffering against chronic stress. Given her demanding career, caregiving responsibilities, and the physiological shifts of her perimenopausal transition, prioritizing foundational wellness habits will help optimize her daily cognitive efficiency.
4. **Audiology & Ophthalmology Referrals:** Given her reports of progressively worsening vision and suspected hearing loss, formal evaluations with an ophthalmologist and an audiologist are recommended.
5. **Fall Precautions:** Considering her recent history of falls and feeling “clumsy,” Ms. Augusta is encouraged to evaluate her home environment for safety, particularly regarding navigating around her pets, to minimize the risk of future injury.
6. **General Compensatory Strategies:** To assist with perceived cognitive inefficiency, task paralysis, and word-finding difficulties, the following compensatory strategies are recommended:
  - **Task Management & Focus:** To mitigate feelings of getting “lost in tasks,” complex, multi-step projects should be broken down into smaller, concrete “micro-steps” with individual deadlines. Utilizing time-blocking techniques (e.g., working for a set period, such as 25 minutes, followed by a 5-minute break) can help sustain attention, increase task initiation, and prevent mental fatigue.
  - **Word Retrieval:** When experiencing “tip-of-the-tongue” moments, utilizing circumlocution (describing the item/person or using a synonym) rather than forcing the specific word can reduce retrieval anxiety. Keeping a readily accessible, written directory of key donor and artist names to review immediately prior to social events (i.e., semantic priming) may also facilitate easier recall in high-pressure situations.

- **Reducing Cognitive Load:** Relying on external aids, such as smartphone reminders, alarms, digital planners, and automated systems (e.g., continuing to use autopay for bills), helps offload cognitive burden and reduces reliance on working memory.
- **Environmental Modifications:** Actively reducing environmental distractions when engaging in deep work (e.g., silencing phone notifications, closing office doors, minimizing multitasking) will optimize cognitive efficiency.
- **Navigation:** Given the reported poor sense of direction and tendency to make wrong turns, consistently utilizing a GPS navigation system, even for familiar routes, can reduce cognitive fatigue and spatial disorientation while driving.

Thank you for the opportunity to participate in this patient's care.

*Aimee Giammittorio, Ph.D.*

Licensed Psychologist

Electronically signed: 6/19/2026.