

Houston Neuropsychology Associates, PLLC

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**Neuropsychological Evaluation**

**Name:** Rezette Banks

**Referral Source:** Melanie Roberts-Boyd, APRN, FNP

**Date of Birth:** 1/19/1940

**Date of Evaluation:** 6/1/2026

**Reason for Referral:** Melanie Roberts-Boyd, APRN, FNP referred Ms. Banks for neuropsychological evaluation due to a history of suspected cognitive dysfunction. Results will elucidate her current level of functioning to inform diagnostic decision-making and treatment planning.

**Functions Assessed and Instruments Employed:**

**Background**

Clinical Interview

Medical History Questionnaire

**Mental Status**

Mini-Mental State Exam (MMSE)

**Intellectual**

Wechsler Adult Intelligence Scale – IV (WAIS-IV);

Block Design, Similarities, Matrix Reasoning,

Vocabulary)

**Academic**

Wide Range Achievement Test – 5 (Word

Reading)

**Language**

NAB Naming Test

Verbal Fluency (FAS)

Semantic Fluency (Animal Naming)

**Visuospatial/Constructional**

Judgment of Line Orientation

Rey Complex Figure Test (copy)

**Attention/Working Memory**

Digit Span (WAIS-IV)

**Processing Speed**

Symbol Search (WAIS-IV)

Coding (WAIS-IV)

**Learning and Memory**

Hopkins Verbal Learning Test – Revised (HVLTR)

Logical Memory (WMS-IV)

Visual Reproduction (WMS-IV)

**Executive Functions**

Color Trails Test (CTT)

Modified Wisconsin Card Sorting Test (MWCST)

**Motor Functions**

Grip Strength Test

Grooved Pegboard Test

**Mood/Behavior**

Patient Health Questionnaire – 9 (PHQ-9)

Generalized Anxiety Disorder Questionnaire – 7 (GAD-7)

**Identifying Information:**

The following information comes from a clinical interview with Ms. Banks and her daughter, as well as a review of available medical records. She is an 86-year-old, right-handed, married, African American female with 10 years of education.

**Presenting Problems:** Ms. Banks’s daughter reported the onset of cognitive difficulties two years ago with questionable progression over time. Specifically, she indicated problems with recall of item placement, recall of recent events and conversations, word finding, and temporal orientation. She sometimes takes medication doses late. Ms. Banks has occasionally incurred late fees on bill payments because she mistakenly thought that she had already paid them. She does limited cooking and occasionally has forgotten to turn off the stove. Ms. Banks has discontinued driving at her daughter’s request; her daughter expressed concern about inattention while driving. She has forgotten to close the garage. She is less neat than in the past regarding grooming tasks.

Ms. Banks reported intermittent feelings of dysphoria. She denied suicidal ideation. Her daughter has observed depressive symptoms as well as agitation, apathy, disinhibition, and irritability. There appears to be no indication of hallucinations or delusions.

Her sleep is good. However, her energy level is reduced. Ms. Banks's appetite is normal and her weight is stable.

**Medical History:** In 2017 Ms. Banks had a right MCA stroke with slurred speech and left hemiparesis. She participated in physical and speech therapies. Her speech normalized but residual left-sided weakness has reportedly persisted, along with incontinence. Ms. Banks's additional medical history includes hypertension, hyperlipidemia, heart disease, prediabetes, chronic kidney disease, arthritis, obesity, hemorrhoids, GERD, bilateral cataracts, gait imbalance with falls, intermittent right upper extremity tremor, colon polyps, vitamin D deficiency, and sleep apnea (with nightly CPAP use). She denied a history of head trauma with loss of consciousness.

A brain CT (6/17/2022) revealed "severe chronic microvascular ischemic changes in the right cerebral hemisphere," as well as infarcts in the right frontal and posterior watershed regions, a chronic right parietal infarct, and a chronic lacunar infarct in the right caudate.

Surgeries: cholecystectomy, varicose vein surgery, bilateral cataract surgery, and tubal ligation. Records indicate a history of CABG and coronary stents, but Ms. Banks denied this.

Current medications/supplements: acetaminophen, albuterol HFA, azelastine hydrochloride, fenofibrate, fluorometholone, fluticasone propionate, furosemide, gabapentin, glucosamine-chondroitin, hydralazine hydrochloride, nifedipine, pantoprazole sodium, MiraLax, polyethylene glycol, potassium chloride, sacubitril-valsartan, spironolactone, tizanidine, biotin, vitamin B complex, and multivitamins.

Substance use: She reported no current alcohol use, with no history of problematic use. Ms. Banks denied a history of nicotine or recreational drug use.

Family history: Her father passed away at age 95; his medical history included hypertension and diabetes. Her mother died at age 81 or 82; her medical history included hypertension and stroke. Ms. Banks reported no family history of dementia. However, records indicate dementia in both parents.

**Mental Health History:** She was treated in the past with diazepam for anxiety.

**Educational History:** Ms. Banks left school after completing 10<sup>th</sup> grade. She later obtained a GED. She reported earning B/C level grades. She had difficulty with reading comprehension.

**Occupational History:** She worked for 37 years as an HISD cafeteria manager.

**Social History:** Ms. Banks was raised in TX. She and her 3<sup>rd</sup> husband married 39 years ago. She has 4 children. Ms. Banks currently resides in Houston with her husband and daughter.

**Behavioral Observations:**

Ms. Banks presented as a pleasant, casually dressed, adequately groomed woman. Occasional hearing difficulties were noted but did not appear to interfere with the testing process. Vision (corrected) appeared adequate for the purposes of the evaluation. She used a rollator to assist with ambulation; gait was slowed. Other gross motor behaviors appeared normal. Incontinence was noted. She occasionally had difficulty providing background information during the clinical interview. Conversational speech was fluent. Mood appeared euthymic, and affect was broad. She performed normally on embedded measures of performance validity. Thus, the present results are believed to provide an accurate representation of Ms. Banks's current level of neuropsychological functioning.

**Results:**

**Mental Status:** On the MMSE, Ms. Banks obtained a score of 28/30. She recalled 2 of 3 items after a brief delay. She was unable to copy the intersecting pentagons correctly.

**Intellectual:** On a short form of the WAIS-IV, Ms. Banks obtained a General Ability Index of 89, which falls within the low average range. Index scores were as follows: Verbal Comprehension – 87 (low average); Perceptual Reasoning – 94 (average); and Processing Speed – 76 (below average). On specific subtests, construction of abstract block designs and verbal abstraction were average. Visual pattern analysis and expressive vocabulary were low average.

**Academic:** Oral word reading was low average.

**Language:** Visual object naming was average. Controlled oral verbal fluency was average to both phonemic and semantic criteria.

**Visuospatial/Constructional:** Judgment of angular line relations was low average. In contrast, her copy of a complex geometric design was exceptionally low, with distortion, misplacement, and omission of figural elements.

**Attention/Working Memory:** Immediate recall of orally presented number sequences was average for forward order, high average for reverse order, and low average for numerical sequencing.

**Processing Speed:** Speed of visuo-perceptual scanning and discrimination was below average, with 2 errors. Transcription of symbols according to a key was low average, with 5 errors.

**Learning and Memory:** Immediate recall of unstructured verbal material (12-word list) was low average for total word recall across three trials (6, 6, and 7 words, respectively). After a 20-minute delay, Ms. Banks recalled 7 words from the list, which was average for absolute level of recall and high average when indexed against immediate recall performance. Delayed word recognition was average (10 hits, 0 false positives).

Immediate recall of structured verbal material (stories) was high average. Delayed recall was high average for absolute level of recall and average when indexed against immediate recall performance. Delayed recognition was within normal limits.

Immediate recall of geometric figures was average. Delayed recall was average for both absolute level of recall and when indexed against immediate recall performance. In contrast, delayed figural recognition was at chance level.

**Executive Functions:** Speed of visual-graphomotor tracking was low average for a simple (numerical order) sequence and below average for a complex (alternating number-color) sequence. Performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was below expectations for the ability to establish response set but average for the ability to shift response set.

**Motor Functions:** Grip strength was exceptionally low for the dominant (right) hand and below average for the nondominant hand. Fine motor dexterity (placing pegs into holes) was below average bilaterally.

**Mood/Behavior:** Ms. Banks's self-report of depressive symptoms (PHQ-9) was within the mild range. Her self-report of anxiety symptoms (GAD-7) was within normal limits.

**Impression:** Vascular Cognitive Impairment, Mild Severity  
Adjustment Disorder with Depressed Mood

Ms. Banks demonstrated mild impairments in complex visuoconstruction, recognition of visual material, complex visual-graphomotor tracking, novel problem solving, bilateral grip strength, and bilateral fine motor dexterity. A relative weakness was noted in processing speed.

Her performance was consistent with expectations based on background variables across tasks assessing construction of abstract block designs, visual pattern analysis, visuospatial judgment, verbal abstraction, expressive vocabulary, oral word reading, confrontation naming, phonemic fluency, semantic fluency, and memory for structured (stories) and unstructured (rote list learning) verbal material.

Ms. Banks endorsed mild depressive symptoms. Her daughter has observed depressive symptoms as well as agitation, apathy, disinhibition, and irritability.

In sum, the present findings indicate mild impairments in complex visuoconstruction, executive functioning, and bilateral motor skills. Mild frontal-subcortical dysfunction is suggested. Ms. Banks's presentation, test findings, and history (including stroke) are consistent with vascular cognitive impairment of mild severity. Her test findings do not support a diagnosis of dementia. Her mild difficulties with selected instrumental activities of daily living are likely associated with her depressive symptoms.

**Recommendations:**

1. Ms. Banks should continue to refrain from driving given her daughter's concerns about inattention, together with her mild impairment in executive functioning.
2. Assistance with medication dispensation, financial management tasks, and major decision-making tasks would likely be prudent as a precaution given Ms. Banks's mild impairment in executive functioning.
3. Consideration of pharmacological treatment of her depressive symptoms is recommended, along with regular monitoring of her mood functioning over time.
4. Ms. Banks should use compensatory strategies to manage her cognitive difficulties, including written notes/lists, calendars, electronic reminder systems, and smartphone apps.
5. She would likely benefit from breaking up tasks requiring sustained attention and focus into smaller components. Using checklists and attempting to complete one activity at a time in a sequential manner will likely enhance her chances of successful task completion. Multi-tasking should be avoided when possible.
6. The current findings may serve as an impetus for Ms. Banks to ensure that her affairs are in order in case her problems worsen. Designation of durable power-of-attorney for healthcare and financial matters, as well as establishment of a will and advance directive, would be prudent if not yet completed or up to date.
7. Repeat neuropsychological evaluation is recommended in the event of concerns about changes in cognition or her functional level.

Thank you very much for this kind referral. If I may be of further assistance, please contact me at 713-893-7105.

*Lynne C. Davis*

Lynne C. Davis, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 6/3/2026

*Billing note: Technician (Kathryn Sanchez, BS) performed face-to-face neuropsychological testing for 4 hours (96138 x 1; 96139 x 7). I interviewed the patient via telehealth, reviewed medical records, integrated all information, and composed the report in its entirety, for a total of 4 hours (96132 x 1; 96133 x 2; 90791 x 1).*