

## Houston Neuropsychology Associates, PLLC

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### NEUROPSYCHOLOGICAL EVALUATION

**NAME:** Rebecca Clifton

**REFERRAL SOURCE:** Ezekiel Sachs, M.D.

**DATE OF BIRTH:** 10/28/1939 (86)

**DATE OF EXAM:** 06/16/2026

#### **REASON FOR REFERRAL**

Dr. Sachs referred Ms. Clifton for a neuropsychological evaluation due to suspected cognitive decline. The present test results will elucidate her current level of functioning to inform diagnostic decision-making and treatment planning.

**Identifying Information:** The following information was obtained from a clinical interview with Ms. Clifton and her daughter, Ms. Sylvia Mercado, along with a review of available medical records. Ms. Clifton is an 86-year-old, right-handed, divorced, Hispanic female with eight years of education.

**Presenting Problem:** Ms. Clifton was referred for an evaluation following a hospitalization on 01/30/2026 for seizures. She reportedly experienced approximately ten generalized tonic-clonic and absence seizures on the first day of her admission, necessitating a one-month hospital stay followed by three weeks of rehabilitation. More specific details related to the seizures were not known. Of note, her daughter mentioned that she had at least one prior seizure, approximately four months before this event.

According to Ms. Clifton and Ms. Mercado, Ms. Clifton was in her usual state of health until her hospital admission. Afterward, Ms. Clifton estimated that she declined to approximately 90% of her baseline, while her daughter believed she was between 75 and 80%. While they reported some improvements, they denied that she has returned to her premorbid level of functioning. Ms. Clifton and her daughter both noted signs of memory loss (e.g., forgetting names and appointments, misplacing items, repeating herself, and asking others to repeat information), word retrieval problems, and reduced processing speed. Ms. Mercado also indicated that she has observed variable attention and impaired visuospatial skills (e.g., bumping into objects when walking).

Functionally, Ms. Clifton reportedly requires assistance with her activities of daily living, which her daughter primarily attributed to physical limitations. With regard to instrumental activities of daily living, her daughter assumes responsibility for medication administration because Ms. Clifton forgets to take them. She does not manage her financial affairs, stating that she does not have any bills. Ms. Clifton ceased driving approximately six or seven years ago, and she currently relies on others for cooking and household chores due to her physical difficulties.

From an emotional standpoint, Ms. Clifton denied symptoms of depression, anxiety, suicidal ideation, or psychosis. However, Ms. Mercado indicated that Ms. Clifton appears more irritable. Her weight is reportedly stable. She noted sleep disturbance, characterized by poor sleep onset but adequate sleep maintenance. Consequently, her energy is reduced.

#### **MEDICAL HISTORY**

Ms. Clifton's medical history is significant for a mild stroke, seizure disorder, hypertension, hyperlipidemia, chronic kidney disease (stage IV), atrial fibrillation, a bicuspid aortic valve, an abdominal aortic aneurysm, hypothyroidism, aspiration pneumonia, paresthesia, ataxia, cervical myelopathy, and peripheral neuropathy. She also sustained a left posterior head injury approximately 16 years ago after falling down three stairs; the fall resulted in a scalp wound requiring stitches and an overnight hospital stay, though no cognitive sequelae were noted.

**Surgeries:** Ms. Clifton's surgical history includes cesarean sections (x2), a colonoscopy, heart surgery (aneurysm removal), a left endoscopic carpal tunnel release, plate placement in the left wrist, and a total abdominal hysterectomy.

**Current Medications:** Her current medications include aspirin, atorvastatin calcium, levetiracetam, levothyroxine sodium, tamsulosin hydrochloride, and zonisamide.

**Substance Use:** She denied a history of alcohol, nicotine, or recreational drug abuse.

**Family History:** Ms. Clifton's mother was blind in one eye and suffered a mild stroke before passing away at age 91. Her father died when she was 11 months old, and his medical history is unknown. Ms. Clifton has 11 siblings. One sister has a history of diabetes mellitus, and one brother has a history of seizures.

### **MENTAL HEALTH HISTORY**

Ms. Clifton denied any past or present mental health treatment.

### **EDUCATIONAL HISTORY**

Ms. Clifton completed eight years of formal education, having discontinued her schooling in the ninth grade to enter the workforce. She reported earning "average" grades and denied a history of special education, learning disorders, or grade retention.

### **OCCUPATIONAL HISTORY**

Ms. Clifton was employed as a laundry supervisor at a hospital for 37 years. She retired at the age of 66.

### **SOCIAL HISTORY**

Ms. Clifton was born and raised in Texas and is bilingual. Spanish was her first language, and she learned English upon entering school. As a child, she primarily spoke Spanish at home, though now she utilizes both languages regularly. She is divorced, having been married twice for 16 years each. She had two children from her first marriage, although her son is deceased. Following a heart surgery six years ago, she moved in with her daughter, and they currently reside in Houston, Texas.

### **BEHAVIORAL OBSERVATIONS**

Ms. Clifton arrived early and was accompanied by her daughter. She was appropriately dressed and well-groomed. She used a wheelchair for mobility and wore a brace on her right ankle due to a recent sprain. Ms. Clifton noted significant pain in her hands; therefore, motor testing was not attempted. Vision (corrected) and hearing were adequate for testing purposes. Her speech was consistent with her language learning history. For instance, on a naming task, she indicated that she knew some of the answers in Spanish but not English. Ms. Clifton reported that her mood was "okay," and her affect was consistent with conversational content. Overall, she was pleasant and cooperative, and she persevered throughout testing. The results of this evaluation are considered a valid assessment of her current neuropsychological functioning.

### **TESTS ADMINISTERED**

Adult Neuropsychology History Questionnaire  
Clinical interview with the patient & her daughter  
Mini Mental State Examination (MMSE)  
Wide Range Achievement Test – 5<sup>th</sup> Edition, Word Reading  
Wechsler Adult Intelligence Scale – IV, selected subtests

Wechsler Memory Scale – IV, selected subtests  
Hopkins Verbal Learning Test – Revised  
Neuropsychological Assessment Battery, Naming  
Controlled Oral Word Association Test  
Animal Fluency Test  
Repeatable Battery for the Assessment of  
Neuropsychological Status, selected subtests

Trail Making Test  
Delis-Kaplan Executive Function System, selected  
subtests

Modified Wisconsin Card Sorting Test  
Beck Anxiety Inventory  
Geriatric Depression Scale

### **NEUROPSYCHOLOGICAL FUNCTIONING**

***Mental Status:*** Ms. Clifton obtained a score of 23 out of 30 on the MMSE. She was unable to identify the date, building, or floor. She also struggled to recall two of the three words after a delay, repeat a phrase, and copy a design.

***Attention & Processing Speed:*** Digit repetition was exceptionally low, and digit reversal was below average. Visual scanning and symbol identification were low average, while speeded visual-graphomotor tracking of a numerical sequence was below average. Speeded rote color naming was exceptionally low, and speeded rote word reading was below average.

***Learning & Memory:*** Word list learning, delayed list recall, and list recognition memory were all exceptionally low. Immediate story memory was below average, and delayed story memory was low average. Story recognition memory was within normal limits. Immediate and delayed visual memory were average, and visual recognition memory was within normal limits.

***Language:*** Single-word reading and expressive vocabulary were below average. Phonemic and semantic verbal fluency were also below average. Confrontation naming was exceptionally low.

***Visuospatial/Construction:*** Visual organization of abstract block designs was average. However, visuospatial judgment was below average, and complex figure construction was exceptionally low.

***Executive Functioning:*** She was unable to complete a measure of speeded visual-graphomotor tracking for an alternating number-letter sequence due to difficulty adhering to the task demands. Both response inhibition speed and accuracy were exceptionally low. Her ability to establish novel sets was exceptionally low, and her ability to switch sets was below average. In contrast, nonverbal abstraction was average.

***Emotional & Behavioral Functioning:*** On brief self-report measures of mood, Ms. Clifton endorsed minimal symptoms of anxiety and mild symptoms of depression.

### **SUMMARY**

Ms. Clifton was referred for this evaluation to assess for objective evidence of cognitive decline. Her current neuropsychological profile revealed impairments in attention and working memory, processing speed, language (single-word reading, confrontation naming, expressive vocabulary, and verbal fluency), visuospatial skills (judgment and construction), rote verbal memory (learning, delayed recall, and recognition), immediate contextual verbal memory, and executive functioning (cognitive flexibility, response inhibition, establishing novel sets, and switching sets). The remainder of her cognitive performance fell in the low average range or higher. On brief measures of mood, she reported mild symptoms of depression.

In sum, Ms. Clifton's test results reflect a significant decline relative to same-aged peers and her estimated premorbid baseline. Given her objective cognitive profile and reported functional changes, a diagnosis of dementia is appropriate. Ms. Clifton's overall presentation is complex and likely multifactorial in etiology. While her history of bilingualism and limited academic attainment undoubtedly impacted her performance—particularly on language-based measures—these sociocultural factors are insufficient to fully account for the depth of her cognitive deficits.

Consequently, an underlying neurological etiology is strongly suspected. Her prominent impairments in attention, processing speed, and executive control are highly suggestive of frontal-subcortical systems dysfunction and consistent with her history of cerebrovascular risk factors. While her family reported an acute change in cognition following her recent hospitalization for a severe seizure cluster, her age and extensive medical history suggest that milder cognitive difficulties likely predated this event. Her recent seizures and subsequent one-month hospitalization probably exacerbated this underlying decline. Notably, if she experienced status epilepticus during that admission, an even greater secondary neurocognitive impact would be expected. Lastly, her nil recall on a measure of rote verbal memory raises a concern for a co-occurring underlying Alzheimer's disease process.

***Impressions:*** Probable Dementia Due to Multiple Etiologies, Mild Severity  
Adjustment Disorder with Depressed Mood

***Recommendations:***

1. Ms. Clifton may benefit from assistance when making complex medical, financial, and legal decisions. Responsible parties are encouraged to verify that documentation, such as a durable power of attorney, medical power of attorney, and an advance care plan, is in order. This ensures that her wishes will be considered in future decision-making processes.
2. Given her cognitive deficits, a family member or trusted associate should accompany her to all doctor visits and other important meetings. Providing information in written form may be helpful so that she can refer to it later.
3. Based on her current cognitive profile, she will likely benefit from assistance and supervision to provide adequate care for herself. If appropriate supervision cannot be arranged for her at home, then it is recommended that she consider alternative living arrangements where she can receive adequate assistance.
  - a. *Financial & Medication Management:* It is recommended that Ms. Clifton have assistance with and supervision of these tasks. Additional compensatory techniques that may prove useful include: utilizing automatic bill payment, detailed notes, reminders, or the use of pillboxes.
  - b. *Driving & Operating Machinery/Appliances:* Given her dementia diagnosis, continued abstinence from driving remains the safest course of action. She would also benefit from supervision when attempting to operate potentially dangerous appliances, such as an oven, stove, or iron.
  - c. *Misplacement of Items:* Ms. Clifton would benefit from identifying a central, visible location in her home to store all of her daily necessities (e.g., keys, glasses, and her wallet).
  - d. *Planning/Organization:* Ms. Clifton may benefit from the use of a calendar or organizer to better maintain necessary information (e.g., telephone numbers and medical appointments). Additionally, she may benefit from breaking complex tasks down into manageable parts to reduce frustration. Daily routines and structure are strongly encouraged.
  - e. *Emergencies:* It would be helpful for Ms. Clifton to have important telephone numbers programmed into her cell phone or written in her daily planner. In this way, she can

contact people when desired or needed (e.g., family, police, and fire department). The utilization of a medical alert device is also encouraged.

4. Ms. Clifton would benefit from consulting with her prescribing physician about her emotional symptoms, as treatment with psychotropic medication might be helpful.
5. She would benefit from continuing to participate in social and physical activities. Routine activity and social interaction will be essential to maintaining good health and reducing social withdrawal.
6. Additional resources for Ms. Clifton and her family/friends (i.e., caregivers) can be found online at <http://www.ninds.nih.gov/>, <http://www.alz.org/>, and <http://www.stroke.org/>.

Thank you very much for allowing me to participate in the care of this patient. If I can provide additional assistance or information, please do not hesitate to contact me at (713) 893-7105.

*Darci R. Morgan, Ph.D., ABPP*

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Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/16/2026