Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Alan Copeland **Referral Source:** Chintan Shah, MD

Date of Birth: 9/28/1948 **Date of Evaluation:** 6/26/2026

Reason for Referral: Dr. Shah referred Mr. Copeland for neuropsychological evaluation due to suspected cognitive dysfunction. 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
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)
Complex Ideational Material (BDAE)
Visuospatial/Constructional
Judgment of Line Orientation (JLO)
Rey Complex Figure Test (copy)
Attention/Working Memory
Digit Span (WAIS-IV)
Processing Speed
Coding (WAIS-IV)
Learning and Memory
Hopkins Verbal Learning Test – Revised (HVLT-R)
Logical Memory (WMS-IV)
Visual Reproduction (WMS-IV)
Executive Functions
Trail Making Test (TMT)
Color-Word Interference Test (D-KEFS)
Modified Wisconsin Card Sorting Test
Motor Functions
Grip Strength Test
Mood/Behavior
Perceived Deficits Questionnaire
Patient Health Questionnaire – 9 (PHQ-9)
Generalized Anxiety Disorder Questionnaire – 7 (GAD-7)

Identifying Information:

The following information comes from a clinical interview with Mr. Copeland and a review of available medical records. He is a 77-year-old, right-handed, married, Caucasian male with 12 years of education.

Presenting Problems: Mr. Copeland reported the gradual onset of cognitive difficulties approximately two years ago, which he stated have remained over time. Specifically, he indicated problems with recall of item placement and name recall. Mr. Copeland noted that his wife prompted the present evaluation due to concerns about his memory. Per records, his wife has noticed that he repeats questions and sometimes forgets events. He occasionally misses a turn while driving but realizes it quickly and has not become lost. He reported no problems with medication dispensation, financial management tasks, cooking, or other instrumental activities of daily living.

He described frustration when he misplaces items but denied mood symptoms other than longstanding intermittent irritability in certain situations (e.g., heavy traffic). There appears to be no indication of hallucinations or delusions.

Mr. Copeland's sleep and energy level are good. His appetite is normal and his weight is stable.

Medical History: He had pneumococcal meningitis in 2007, resulting in a medically induced coma for 5 days and a 14-day hospitalization complicated by MRSA. He participated in physical therapy thereafter. Mr. Copeland reported making a full recovery. His additional medical history includes hypertension, hyperlipidemia, prediabetes, abdominal aortic aneurysm, coronary artery calcification, bilateral carotid artery stenosis, adrenal adenoma, obesity, GERD, osteoarthritis, low back pain, fatty liver, bilateral cataracts, tubular adenoma of the colon, diverticulosis, pulmonary nodule, benign prostatic hyperplasia, and sleep apnea (with nightly CPAP use). He noted occasional shuffling gait without imbalance or falls. Mr. Copeland has no reported history of head trauma with loss of consciousness.

A brain MRI (5/27/2026) stated, "Scattered foci of increased T2/FLAIR signal hyperintensity in the periventricular, subcortical and deep white matter are nonspecific, however likely represent chronic small vessel ischemic changes."

Surgeries: bilateral hernia repair, abdominal aortic aneurysm repair, and bilateral cataract surgery.

Current medications/supplements: ergocalciferol, oxybutynin, telmisartan, rosuvastatin, omeprazole, tamsulosin, and meloxicam.

Substance use: Level of alcohol consumption reportedly consists of 4 ounces of red wine per night. He denied a history of nicotine or recreational drug use.

Family history: His father passed away at age 68; his medical history included CABG x 3 and metastatic colon cancer. His mother died in her 60s in her sleep; her medical history is unclear. Family history is negative for dementia.

Mental Health History: Mr. Copeland has no history of identified emotional difficulties or mental health treatment. Per records, his wife noticed personality changes after he had pneumococcal meningitis. However, Mr. Copeland voiced no knowledge of this.

Educational History: He is a high school graduate who reported earning B/C level grades. He indicated no history of identified learning problems. Math was his most challenging academic subject.

Occupational History: He is retired. Mr. Copeland worked in commercial food service sales for many years.

Social History: He was raised in Arlington, TX. Mr. Copeland and his 2nd wife married 41 years ago. He has no children. Mr. Copeland currently resides in Houston with his wife.

Behavioral Observations:
Mr. Copeland presented as a pleasant, casually dressed, well-groomed gentleman. Hearing and vision appeared adequate for the purposes of the evaluation. Gait appeared shuffling. Other gross motor behaviors appeared normal. Conversational speech was fluent. Mood appeared somewhat anxious. Affect was broad. He required occasional reminders of task instructions. He performed normally on embedded measures of performance validity. Thus, these findings are believed to provide an accurate representation of Mr. Copeland's current level of neuropsychological functioning.

Results:
Mental Status: On the MMSE, Mr. Copeland obtained a score of 24/30. He was not oriented to the year (2018) or date (off by 4). He recalled 0 of 3 items after a brief delay. He made an error when executing a 3-stage command.

Intellectual: On a short form of the WAIS-IV, Mr. Copeland obtained a General Ability Index of 103, which falls within the average range. Index scores were as follows: Verbal Comprehension – 108 (average) and Perceptual Reasoning – 98 (average). On specific subtests, verbal abstraction was high average. Construction of abstract block designs, visual pattern analysis, and expressive vocabulary were average.

Academic: Oral word reading was average.

Language: Visual object naming was high average. Comprehension of questions and short stories was error-free. Controlled oral verbal fluency was average to phonemic criteria and exceptionally high to semantic criteria.

Visuospatial/Constructional: Visuospatial judgment was average. His copy of a complex geometric design was low average.

Attention/Working Memory: Immediate recall of orally presented number sequences was average for forward order and reverse order but was below average for numerical sequencing.

Processing Speed: Transcription of symbols according to a key was average.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was low average for total word recall across three trials (3, 7, and 9 words, respectively). After a 20-minute delay, Mr. Copeland recalled 8 words from the list, which was average for both absolute level of recall and when indexed against immediate recall performance. Delayed word recognition was also average (12 hits, 2 false positives).

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

Immediate recall of geometric figures was above average. Mr. Copeland did not recall any figural elements upon delayed retesting (exceptionally low). Delayed figural recognition was low average.

Executive Functions: Speed of visual-graphomotor tracking was low average for a simple (numerical order) sequence and average for a complex (alternating number-letter) sequence. Speed of rote color naming and word reading was low average. Response inhibition was below average for both speed and accuracy. Mr. Copeland's ability to alternate between response inhibition and release (cognitive flexibility) was also below average for both speed and accuracy. Performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was average for the abilities to establish and shift response set.

Motor Functions: Grip strength was exceptionally low bilaterally.

Mood/Behavior: Mr. Copeland endorsed no depressive symptoms on the PHQ-9. His self-report of anxiety symptoms (GAD-7) was within normal limits.

Impression: Mild Cognitive Impairment, Amnestic Multiple Domain Type

Mr. Copeland demonstrated impairments in retrieval of visual information, response inhibition, cognitive flexibility, and bilateral grip strength. Working memory performance was variable.

A relative strength was documented in semantic fluency (exceptionally high). His performance was within normal limits across tasks assessing simple attention, processing speed, visuoconstruction, visual pattern analysis, visuospatial judgment, expressive vocabulary, verbal abstraction, oral word reading, confrontation naming, auditory comprehension, phonemic fluency, memory for structured (stories) and unstructured (rote list learning) verbal material, visual-graphomotor tracking, and novel problem solving.

Mr. Copeland did not endorse significant mood symptoms.

In sum, the present findings indicate impairments in visual memory, aspects of executive functioning, and bilateral grip strength. They occur within the context of reportedly adequate performance of instrumental activities of daily living. As such, a diagnosis of mild cognitive impairment is warranted. Mild frontal-subcortical dysfunction is suggested. Longitudinal neuropsychological monitoring is recommended to assist with etiological clarification and gauge stability over time.

Recommendations:

1. A mechanism of occasional oversight for medication dispensation, financial management, and major decision-making tasks is recommended as a precaution given his mild impairment in aspects of executive functioning.

2. Mr. Copeland should use caution in driving and should carry a mobile phone with him at all times as a precaution.

3. He should use compensatory strategies to manage his cognitive difficulties, including written notes/lists, calendars, electronic reminder systems, and smartphone apps.

4. Mr. Copeland 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 his chances of successful task completion. Multi-tasking should be avoided when possible.

5. The current findings may serve as an impetus for him to ensure that his affairs are in order in case his 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.

6. Repeat neuropsychological evaluation in one year is recommended to gauge potential progression of cognitive difficulties and to update treatment recommendations.

Dr. Shah, 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: 6/26/2026

****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 3).*