

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Theodore Dousis

Referral Source: Barbara Robinson, NP

Date of Birth: 8/4/1955

Date of Evaluation: 5/27/2026

Reason for Referral: Barbara Robinson, NP referred Mr. Dousis for neuropsychological re-evaluation due to suspected cognitive dysfunction. Results will elucidate his current level of functioning to inform diagnostic decision-making and update 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, Matrix Reasoning, Similarities,

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

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 – R (HVLTR)

Logical Memory (WMS-IV)

Visual Reproduction (WMS-IV)

Executive Functions

Color Trails Test (CTT)

Design Fluency Test (D-KEFS)

Modified Wisconsin Card Sorting Test (MWCST)

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. Dousis and a review of available medical records. He is a 70-year-old, right-handed, married, Caucasian male with 16 years of education.

Mr. Dousis underwent previous neuropsychological evaluation on 5/21/2025. Results indicated two isolated relatively low scores that did not appear consistent with a neurological etiology. His performance across all other tasks was within the normal range. Please see previous records for additional information.

Interim History:

Mr. Dousis reported generally stable cognition over the interim. Currently, he indicated difficulties with name recall and word finding. His wife sometimes tells him that he has forgotten information. At times, he mistakenly hits opponents' balls when playing pool in league competition. He indicated no problems with medication dispensation, financial management tasks, cooking, driving, or other instrumental activities of daily living.

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He described intermittent feelings of dysphoria and anxiety related to the aging process and cognitive changes. Mr. Dousis denied suicidal ideation. There appears to be no indication of hallucinations or delusions.

Mr. Dousis's sleep is good. However, his energy level is reduced. He has been treated with semaglutide for the past 1.5 years and has lost 70 pounds.

His medical history includes hypertension, hyperlipidemia, prediabetes, and corrected hearing loss. Family history includes stroke in his father. Family history is negative for dementia.

His surgical history includes turbinate reduction.

His current medications include amlodipine, ramipril, ezetimibe, and semaglutide.

Level of alcohol consumption reportedly consists of two drinks per day. Mr. Dousis quit smoking cigarettes in 1992. He indicated no history of significant recreational drug use.

He was born in Greece, where he lived until relocating to the United States at age 19. Mr. Dousis began learning English in high school. He obtained a bachelor's degree in engineering from the University of Houston.

Mr. Dousis and his third wife married 31 years ago. He has a daughter. He resides with his wife in Kingwood, TX. He is a retired engineer with commercial property holdings, which he continues to manage without difficulty.

Behavioral Observations:

He presented as a pleasant, casually dressed, well-groomed gentleman. Hearing (corrected) and vision (corrected) appeared adequate for the purposes of the present evaluation. Gait and other gross motor behaviors appeared normal. Mr. Dousis presented as a good historian. Conversational speech was fluent and marked by an accent. Mood appeared euthymic and affect was broad. He performed adequately on embedded measures of performance validity. Thus, the present results are believed to provide an accurate representation of Mr. Dousis's current level of neuropsychological functioning.

Results:

Mental Status: On the MMSE, he obtained a score of 29/30. He recalled 2 of 3 items after a brief delay.

Intellectual: On a short form of the WAIS-IV, Mr. Dousis obtained a General Ability Index of 92, which falls within the average range. Index scores were as follows: Verbal Comprehension – 81 (low average); Perceptual Reasoning – 104 (average); and Processing Speed – 108 (average). On specific subtests, construction of abstract block designs and visual pattern analysis were average. Verbal abstraction and expressive vocabulary were low average. Of note, Mr. Dousis's performance on verbal subtests likely underestimates his actual abilities to some extent due to his language learning history.

Academic: Oral word reading was average.

Language: Visual object naming was below average. Controlled oral verbal fluency was low average to both phonemic and semantic criteria. Comprehension of questions and short stories was low average due to a single error. His performance across language tasks likely underestimates his actual abilities to some extent due to his language learning history.

Visuospatial/Constructional: Judgment of angular line relations was average. Mr. Dousis's copy of a complex geometric design was within normal limits.

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

Processing Speed: Speed of visuo-perceptual scanning and discrimination was average. Transcription of symbols according to a key was high average.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was average for total word recall across three trials (5, 8, and 8 words, respectively). After a 20-minute delay, Mr. Dousis recalled 5 words from the list, which was below average for absolute level of recall and low average when indexed against immediate recall performance. Delayed word recognition was error-free, reflecting high average performance.

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. Delayed recognition performance was within normal limits.

Immediate recall of geometric figures was exceptionally high. Delayed recall was average for absolute level of recall and low average when indexed against immediate recall. Delayed figural recognition performance was within normal limits.

Executive Functions: Speed of visual-graphomotor tracking was below average and error-free for both simple (numerical order) and complex (alternating number-color) sequences. Design fluency speed was high average for simple conditions as well as for a more complex condition requiring cognitive shifting. Overall design fluency accuracy was also high average. His performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was low average for the ability to establish response set and average for the ability to shift response set.

Motor Functions: Grip strength was low average for the dominant (right) hand and below average for the nondominant hand.

Mood/Behavior: Mr. Dousis's self-report of depressive symptoms was within normal limits, as was his self-report of anxiety symptoms.

Impression: Cognitive Impairment Ruled Out

Scattered improvements and declines were noted as compared to the 5/21/2025 evaluation. Mild improvements were documented in semantic fluency, recognition of unstructured verbal material (rote list learning), acquisition of structured verbal information (stories), and graphic pattern generation. In contrast, mild declines were identified in expressive vocabulary, recognition of visual material, and bilateral grip strength.

Mr. Dousis did not endorse significant mood symptoms.

The present findings indicate scattered mild improvements and declines that do not form a cohesive pattern and are not considered clinically significant. The current results are consistent with expectations given background variables across all neuropsychological domains assessed. As such, these findings indicate that Mr. Dousis is a cognitively health individual, with no current evidence for the presence of cerebral dysfunction impacting cognition.

Recommendations:

1. Participation in regular physical exercise, as tolerated, is recommended for its beneficial effects on both physical and mental health.
2. Neuropsychological re-evaluation is recommended in the event of a significant change in his level of functioning.

Thank you very much for this kind referral. If I may be of further assistance, please do not hesitate to contact me at 713-893-7105.

Lynne C. Davis

Lynne C. Davis, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 6/4/2026

**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).*