

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name:	Pamela Ewton	Education:	16 years
Date of birth:	11/22/1957 (68)	Handedness:	Right
Date of exam:	6/29/2026	Marital status:	Married
Ethnicity:	White	Occupation:	Retired

Referral source: Hassan Javanshir, M.D.

Ms. Ewton’s neurologist referred her to assess for objective evidence of cognitive decline. Results will elucidate her current level of functioning to inform diagnostic decision-making and treatment planning; this evaluation is not intended for other purposes. Information was obtained from a clinical interview and a review of available medical records.

PRESENTING PROBLEMS & REVIEW OF SYMPTOMS

Ms. Ewton reported mild memory difficulties, “fogginess,” and postural/action tremors in her hands for many years. However, she denied a progressive cognitive decline. She noted that once she weaned off an anxiety medication in October 2025, these issues improved. She was unsure which medication this was, but she thinks it was venlafaxine. She denied others expressing a concern about her cognition. She is functionally independent, reportedly without issues.

Ms. Ewton reported a slight increase in her baseline anxiety since weaning off her medication in October 2025. She noted that her adult children argue with each other, which is a source of stress. She denied suicidal ideation. Her appetite is stable, and she intentionally lost 50 lbs. She occasionally experiences sleeping difficulties, for which she uses over-the-counter sleeping aid (currently, approximately once a week). She sleeps 7 hours, and her energy level is stable. She remains active.

Ms. Ewton endorsed non-progressive incontinence. The following symptoms were denied: hallucinations, sensory changes, frank Parkinsonian symptoms, and REM sleep behavior disorder.

MEDICAL HISTORY

Conditions: hyperlipidemia and diabetes. Her medical records also documented hypertension and a history of xerophthalmia.

Surgeries: none.

Current medications: tirzepatide, pantoprazole, over-the-counter sleep aid, and supplements.

Neuroimaging: A brain MRI without contrast on 3/17/2026 was reportedly unremarkable.

Mental health: She reported a longstanding history of anxiety. She has been prescribed antidepressant medications for at least two decades. However, she weaned off her most recent medication in October 2025, which she thought was venlafaxine.

Substance use: She consumes alcohol rarely. She denied nicotine and other substance use. She denied a history of substance dependence.

Family history: No known family history of dementia. Her mother died of bladder cancer at age 79. Her father died of pancreatic cancer at age 40. She has 5 siblings, whose history is unremarkable.

SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY

Ms. Ewton was raised in Ohio and is monolingual in English. She has been married for 41 years and has 3 children. She lives with her husband.

She earned her bachelor's degree in interior design from the University of Cincinnati. She denied a history of learning difficulties.

She worked as a project manager for Shell, which required frequent travel. Her position was eliminated, so she retired in 2020.

BEHAVIORAL OBSERVATIONS

Ms. Ewton arrived on time and was unaccompanied. She was appropriately dressed and groomed. She ambulated independently. Her conversational language comprehension and expressive speech were unremarkable. Her thought process was normal. She was affable, presenting with a positive mood and an appropriate affect.

She was fully oriented. Her behavior during testing was unremarkable.

TESTS ADMINISTERED

Wide Range Achievement Test-5, Word Reading	Rey Complex Figure Copy
Wechsler Adult Intelligence Scale-IV, portions	Trail Making Test
Wechsler Memory Scale-IV, portions	D-KEFS Color-Word Interference Test
Hopkins Verbal Learning Test-Revised	Finger Tapping Test
Neuropsychological Assessment Battery, Naming	Patient Health Questionnaire-9
Phonemic Fluency (FAS)	Generalized Anxiety Disorder-7
Animal Naming Test	

RESULTS SUMMARY

This evaluation is considered a valid assessment of Ms. Ewton's current neuropsychological functioning. Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores.

Sensory/Motor: Bilateral finger tapping speed was average.

Academic: Word reading was average.

Attention & Processing Speed: Digit span was average; repetition was high average, reversal was average, and sequencing was average. Processing speed was high average for digit/symbol transcription and high average for symbol identification.

Executive Functioning: Speeded number/letter set-shifting was average with no errors. Verbal response inhibition was high average for speed and accuracy. Combined response inhibition/set-shifting was high average for speed and average for accuracy. Visual abstract reasoning was average.

Language: Object naming was error-free. Phonemic verbal fluency was average. Semantic verbal fluency was low average.

Visuospatial: The construction of block designs was high average. Visual abstract reasoning was average. Simple figure registration and reproduction was average. Complex visuospatial reproduction was below average due to imprecision, but the figure gestalt was intact.

Learning & Memory: Word list learning was average, and delayed recall was high average. Recognition of list words was error-free. Narrative acquisition was average, and delayed recall was average. Recognition of story elements was within normal expectations. Figure acquisition was average, and delayed recall was average. She identified 6/7 figures on a recognition format (within normal expectations).

Mood/Behavior: She endorsed mild levels of depressive and anxiety symptoms on self-report questionnaires.

CLINICAL IMPRESSIONS

Ms. Ewton's motor speed, attention/working memory, executive functioning, language, visuospatial skills, and memory were normal. She endorsed mild depressive and anxiety symptoms.

In summary, Ms. Ewton's cognitive performance was normal. A cognitive disorder is not warranted. Her report of cognitive symptoms is most attributable to normal age-related changes in the context of her mild depressive and anxiety symptoms.

DIAGNOSTIC IMPRESSIONS

Cognitive Disorder Ruled Out
Adjustment Disorder with Depressed Mood and Anxiety

RECOMMENDATIONS

1. She can be reassured that she is performing well from a cognitive standpoint.
2. Consideration of the adverse cognitive effects associated with over-the-counter anticholinergic sleeping aids is recommended.
3. She may benefit from participating in psychotherapy. She is welcome to contact me to help identify potential providers.
4. Lifestyle factors, including optimal sleep, physical activity, social engagement, mental stimulation, and a healthy diet, are crucial for optimizing cognition and mood.
 - a. She should be provided with education and resources regarding aspects of good sleep hygiene, such as <https://sleepeducation.org/healthy-sleep/healthy-sleep-habits/>.
 - b. She should be encouraged to engage in an enjoyable exercise regimen, such as daily walking, as medically indicated.

- c. Her local YMCA or community center may have free classes. For example, The Bayland Community Center has several free offerings:
<https://cp4.harriscountytexas.gov/Community-Centers/Community-Center/bayland-community-center>.
 - d. Learning a new skill or hobby can be beneficial. Online learning platforms offer free courses and certifications in a variety of subjects and skills (e.g., <https://www.coursera.org/>).
 - e. The Mediterranean diet is associated with better health outcomes, including cognitive health. Practical tips to follow such a diet include:
 - Switching out fats for extra virgin olive oil.
 - Eating more fruits and vegetables.
 - Eating less meat and more fish.
 - Eating beans, nuts, seeds, and olives.
 - Cutting out sugary beverages and processed foods.
 - Eating fruit instead of high sugar desserts.
5. The present results will serve as a baseline to which findings from any future evaluations may be compared.

Thank you for this kind referral. Please do not hesitate to contact me if I can further assist.

Jesse Passler

Jesse Passler, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology