

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

NAME:	Bernardino Gallegos Hernandez	GENDER:	Male
DATE OF BIRTH:	05/20/1945 (81)	HANDEDNESS:	Right
DATE OF EXAM:	06/17/2026	ETHNICITY:	Hispanic
EDUCATION:	Zero	MARITAL STATUS:	Married
OCCUPATION:	Retired	REFERRED BY:	Angelica Miller, FNP-C

REASON FOR REFERRAL

Mr. Gallegos Hernandez was referred for evaluation due to suspected cognitive decline. Results will elucidate his current level of cognitive, emotional, and behavioral functioning to inform diagnostic decision-making and treatment planning.

PRESENTING PROBLEMS

Mr. Gallegos Hernandez presented with complaints of progressive memory loss that he has noticed over the past four years. His wife, Ms. Blanca Gallegos, accompanied him to the evaluation and corroborated his report, noting that his symptoms have worsened over time. Specifically, he endorsed difficulty learning and retaining new information, frequently forgetting conversations, dates, events, and appointments. He noted that writing things down helps him remember. He also described forgetting his intentions, such as walking to the refrigerator and forgetting what he needed. The patient and his wife reported a four-year timeline of cognitive decline.

Emotionally, Mr. Gallegos Hernandez endorsed symptoms of depression and anxiety, which he reported began approximately four years ago. This onset coincided with his retirement due to health complications, including a severe cough and pneumonia related to extreme temperature changes at his workplace, as well as contracting COVID-19. He denied suicidal ideation. His wife corroborated his anxiety and noted that he has demonstrated increased irritability and impatience. He reported adequate sleep and energy levels; however, he noted a decrease in his appetite over the last four years, though his weight has remained stable. He denied experiencing hallucinations or delusions.

Functionally, Mr. Gallegos Hernandez remains independent for basic activities of daily living. Regarding instrumental activities, he does not drive, noting he never learned and has always felt nervous about driving; he relies on public transportation. His wife reported that he has become more disoriented over the past five years and requires her guidance when navigating outside the home. She has always managed the household finances, though she noted he remains capable of making basic purchases with his cards. Regarding medication management, while a recent neurology progress note indicated he was "able to remember to take his medications without difficulty," during the clinical interview, he admitted that he frequently forgets his medications and relies entirely on his wife to provide reminders and manage his regimen. He remains capable of cooking without difficulty. His wife manages all of his medical appointments.

MEDICAL HISTORY

Conditions: Mr. Gallegos Hernandez's medical history is significant for hypercholesterolemia, hypertension, benign prostatic hyperplasia (BPH), prediabetes, tubular adenoma of the colon, seasonal allergies, and a history of COVID-19. He also reported a history of pneumonia.

Surgeries: His surgical history includes the destruction of an anal lesion in 1995, a prostate biopsy in 2013, a colonoscopy with removal of a tumor/polyp in 2016, an excision of a right pterygium with graft in 2022, a diagnostic colonoscopy in 2023, and an EGD with transoral biopsy in 2025.

Imaging: An MRI of the brain without contrast conducted on January 17, 2024, demonstrated mild to moderate global cerebral volume loss and predominantly periventricular white matter disease, consistent with chronic involutional changes without recent ischemic or hemorrhagic injury. A subsequent CT of the brain on May 8, 2026, was reported as unremarkable, noting no acute intracranial abnormality or hemorrhage.

Current medications: His current medication regimen includes albuterol, ciclopirox solution, finasteride, fluticasone propionate, fluticasone-salmeterol, lisinopril, omega-3, simvastatin, and tamsulosin.

Substance use: Mr. Gallegos Hernandez denied any history of smoking or recreational drug use. He reported consuming one to two shots of hard liquor (tequila) daily, noting he was previously advised by a physician in Mexico to do so to aid with digestion.

Family history: Negative for dementia.

MENTAL HEALTH HISTORY

Unremarkable.

EDUCATIONAL HISTORY

Mr. Gallegos Hernandez did not complete formal education. He reported receiving approximately one year of instruction provided by his employer in the United States to learn to read and write. He is able to read basic words, write his name, and sign documents. He possesses basic addition and multiplication skills but is unable to subtract or divide. He is primarily a monolingual Spanish speaker with limited knowledge of English greetings.

OCCUPATIONAL HISTORY

Mr. Gallegos Hernandez is retired, having stopped working approximately four years ago due to health problems. He was formerly employed at Whole Foods Market for 20 years as a cook's helper. Prior to that, he worked in various restaurants and in landscaping.

SOCIAL HISTORY

Mr. Gallegos Hernandez was born and raised in Oaxaca, Mexico, and immigrated to the United States in 1990. He has been married to his wife for 22 years, and they have two daughters and one son. He currently resides in Houston, Texas, with his wife.

BEHAVIORAL OBSERVATIONS

Mr. Gallegos Hernandez presented as an adequately groomed man. He was fully alert and oriented to person, place, and situation, with the exception of time, as he incorrectly identified the current year as 1926. His gait and gross motor functions were normal. Vision was adequate with the use of glasses for reading, and his hearing was normal. His speech was normal, and his memory during conversational exchanges appeared normal. However, the examiner noted that he exhibited a slow processing speed and required simplified instructions to comprehend the testing parameters. His mood was pleasant, and he demonstrated full cooperation throughout the assessment. Thus, the results from this evaluation appear to provide an accurate representation of his current level of neuropsychological functioning.

TESTS ADMINISTERED

Clinical Interview	Finger Tapping Test
Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)	Clock Drawing Test
NEUROPSI Atencion y Memoria (select subtests)	Dementia Rating Scale -2 (select subtests) (Spanish)
Ponton-Satz Boston Naming Test	Geriatric Depression Scale- SF (Spanish)
Color Trail Making Test	Generalized Anxiety Disorder (GAD-7)
Line Orientation (RBANS)	(Spanish)

TEST RESULTS

The patient was interviewed in Spanish by a bilingual Neuropsychologist. A bilingual technician administered all objective tests in Spanish. The patient's cultural background (e.g., Spanish first language, born and raised in Mexico, and level of educational attainment) was taken into consideration in interpreting his performance on the neuropsychological evaluation. Whenever possible, measures that have been developed and normed for Spanish-speaking individuals were utilized. If not available, the best available norms were used. With this caveat in mind, the major findings with respect to Mr. Gallegos Hernandez's neurocognitive functioning are summarized below.

Attention/Processing Speed: Immediate recall of an orally presented number sequence in forward order was above expectations and within expectations for reverse order. Visual detection was within expectations. On a serial addition task, his performance was nil but within expectations, given his level of education. He did not comprehend an auditory digit perception task. His performance on a graphomotor speed task was low average. He did not comprehend a symbol search and discrimination task; thus, it was discontinued.

Language: Semantic fluency was within expectations. Lexical fluency was also within expectations. Visual object naming was in the low average range.

Visuospatial/Constructional: Visuo-perceptual abilities (i.e., copying a figure) were within expectations. In contrast, visuospatial judgment was in the exceptionally low range. During the command condition of the Clock Drawing Test, the patient produced two concentric circular contours with proportionally distributed numbers. However, when provided with a visual model in the copy condition, he drew a slightly small circular face and exhibited notable spatial crowding of the numbers primarily along the right hemisphere, with the digits one through three appearing poorly formed and difficult to read. The deterioration of spatial distribution and

graphomotor precision when provided with a visual model suggests a primary visuospatial constructional vulnerability when navigating complex visual stimuli, rather than a purely secondary organizational issue.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was within expectation (4, 5, and 6/12 words after three consecutive trials). After a 20-minute delay, his recall was within normal limits, as he recalled 2/12 words. He could recall 5 of the target words with the aid of cues, which is within expectations. He recognized 9/12 target words on a recognition format; however, he endorsed 10 false positive errors, which is abnormal.

Immediate recall of structured verbal material (stories) was within expectations. Delayed recall of the same material was nil and below expectations.

Immediate recall of a series of faces was within normal limits. Delayed recall of the same set of faces was nil.

Delayed recall of a figure drawn earlier was within normal limits.

Executive Functions: A task that assesses speed of visual-graphomotor tracking was in the exceptionally low range; he did not make any errors. He was unable to complete a set-shifting task as he ran out of allotted time. Visual fluency was within expectations for total designs produced, but he made several repetition errors. His performance on tasks of initiation, perseveration, and conceptualization was exceptionally low.

Motor Abilities: The patient is right hand dominant. Fine motor dexterity was low average bilaterally.

Emotional/Behavioral Functioning: Mr. Gallegos Hernandez endorsed mild symptoms of depression on a self-report inventory of mood. He also endorsed mild anxiety symptoms on a separate self-report inventory of mood.

SUMMARY

Mr. Gallegos Hernandez is an 81-year-old, right-handed Hispanic male who was referred for a neuropsychological evaluation by Angelica Miller, FNP-C, due to suspected cognitive decline. The patient and his wife presented with complaints of progressive memory loss, reporting difficulties retaining new information, forgetting routine tasks, and losing track of conversations, with symptom onset noted approximately four years ago.

Regarding cognitive strengths, Mr. Gallegos Hernandez demonstrated intact abilities across several domains, often performing within or above expectations given his limited educational background. In the domain of simple attention, his immediate recall of orally presented number sequences was within to above expectations for both forward and reverse conditions, and visual detection was intact. Language functions were relatively preserved, characterized by semantic and lexical fluency that fell within expected limits. Visuooperceptual abilities, such as copying a simple figure, were also within expectations. In the memory domain, he exhibited intact immediate and delayed free recall of an unstructured word list, intact cue-assisted recall, and

preserved immediate recall of both structured verbal material and visual stimuli. Furthermore, his delayed recall of a previously drawn figure remained within normal limits, and visual fluency was within expectations for the total number of designs produced.

In contrast to these strengths, vulnerabilities and impairments were evident in multiple domains, primarily affecting executive functioning, visuospatial skills, processing speed, and specific aspects of memory. Executive dysfunction was prominent, highlighted by exceptionally low performance on tasks of initiation, perseveration, conceptualization, and visual-graphomotor tracking, alongside an inability to comprehend and complete a cognitive set-shifting task. Visuospatial vulnerabilities were significant, including exceptionally low visuospatial judgment and a primary constructional impairment demonstrated by severe spatial crowding and poor graphomotor precision during the copy condition of a clock drawing task. Processing speed was low average for graphomotor tasks, and he exhibited comprehension difficulties on tasks of auditory digit perception and symbol discrimination. While his initial memory retention for a word list was adequate, his recognition performance was marred by an abnormally high number of false-positive errors. Furthermore, he exhibited a rapid decay of structured verbal and visual information, with delayed recall falling well below expectations. Finally, visual object naming and bilateral fine motor dexterity fell in the low average range.

Emotionally, Mr. Gallegos Hernandez endorsed mild symptoms of depression and mild anxiety on self-report inventories. These findings align with clinical interview reports of feeling increasingly irritable, impatient, and experiencing a reduction in appetite over the past four years. These mood and behavioral changes reportedly coincided with his retirement due to severe health complications, including pneumonia and COVID-19, suggesting a reactive component to his psychosocial stressors.

Functionally, Mr. Gallegos Hernandez remains independent in his basic activities of daily living. However, he demonstrates significant reliance on his wife for the management of his instrumental activities of daily living. He does not drive and relies on public transportation, though his wife noted he has become increasingly disoriented when navigating outside the home over the past five years and requires her direct guidance. She assumes complete responsibility for managing the household finances and scheduling his medical appointments. Notably, he acknowledged frequently forgetting to take his medications and relies entirely on his wife for administration and reminders.

In summary, Mr. Gallegos Hernandez presents with a cognitive profile characterized by prominent deficits in executive functioning, complex visuospatial construction, processing speed, and specific memory vulnerabilities (e.g., poor recognition discrimination and rapid decay of structured information), set against a background of relatively preserved simple attention, fluency, and basic retention. This pattern of executive and visuospatial dysfunction, combined with mild mood disturbances and functional decline, is consistent with vascular cognitive impairment. His neurocognitive presentation strongly aligns with his medical history of significant cardiovascular risk factors, including hypertension, hypercholesterolemia, and prediabetes, as well as neuroimaging findings demonstrating chronic involutional changes and periventricular white matter disease. The combination of these cerebrovascular vulnerabilities

and his reported functional dependence in instrumental activities supports a diagnostic presentation most consistent with Mild Vascular Dementia.

IMPRESSION Mild Vascular Dementia with mood disturbance and anxiety

RECOMMENDATIONS

To ensure accessibility and support patient adherence, a Spanish-language version of these recommendations is provided at the conclusion of this report. This section has been culturally and linguistically adapted into a user-friendly format for Mr. Gallegos Hernandez; as such, the phrasing differs from the technical English recommendations intended for the clinical team.

Medical & Psychiatric Management

1. Given the diagnostic impression of Mild Vascular Dementia, strict management of Mr. Gallegos Hernandez's cardiovascular and metabolic risk factors is critical to maximize his brain health and mitigate the risk of further cerebrovascular events. It is highly recommended that he continue close follow-up with his primary care provider to optimize control of his hypertension, hypercholesterolemia, and prediabetes.
2. Mr. Gallegos Hernandez endorsed symptoms of depression and anxiety, along with increased irritability and reduced appetite, which reportedly emerged four years ago following severe respiratory illnesses (pneumonia and COVID-19) and subsequent retirement. A consultation with his primary care physician or a mental health professional is recommended to explore pharmacological or behavioral interventions for mood management, which may simultaneously improve his overall quality of life and cognitive stamina.

Safety & Supervision

1. Due to the patient's acknowledged forgetfulness, rapid decay of structured information, and profound executive dysfunction, he is at a high risk for medication errors. It is strictly recommended that his wife continue to assume full and exclusive responsibility for the storage, dispensing, and administration of his daily medications.
2. Mr. Gallegos Hernandez has a history of becoming disoriented when navigating outside the home, a vulnerability strongly supported by his exceptionally low visuospatial judgment and severe spatial crowding on constructional tasks. He should not travel or navigate the community unaccompanied. He must continue to rely on his wife or public transportation with an escort to ensure his safety outside the home.

Functional & Legal Planning

1. Consistent with his neurocognitive profile, which includes low average processing speed and severe vulnerabilities in novel problem-solving, Mr. Gallegos Hernandez should not manage household finances. His wife should continue to manage all financial accounts and transactions to protect the family from potential errors or susceptibility to financial exploitation.

2. The patient and his family are strongly encouraged to review and formalize advance directives, including a Medical Power of Attorney and a Financial Power of Attorney. Establishing these documents while he still retains the capacity to express his general care preferences will ensure that his wife is legally designated to assist with complex medical and financial decisions as his condition requires.
3. His wife should continue to schedule, coordinate, and attend all medical appointments to ensure that medical information is accurately communicated to the providers and that treatment plans are correctly implemented at home.

Cognitive & Behavioral Strategies

1. To compensate for his temporal disorientation (e.g., incorrectly identifying the current year) and his vulnerability to rapid information decay, the family should utilize salient environmental cues. Maintaining a highly visible, large-print calendar and a daily written schedule in a central location (e.g., the kitchen) will help orient him to the date and upcoming appointments. Since the patient noted that writing things down helps him remember, providing him with a dedicated notebook for jotting down intentions or conversation topics is highly encouraged.
2. To combat the apathy, depressive symptoms, and social withdrawal he has experienced since stopping work, the family should establish a predictable daily routine that incorporates safe, structured physical and psychosocial activities. Engaging in highly familiar, low-stress hobbies or family interactions can provide meaningful stimulation without overwhelming his vulnerable executive systems.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/17/2026

Recomendaciones para el Señor Gallegos Hernández y su Familia

1. Cuidado Médico y Bienestar Emocional

- **Salud Física:** Para proteger la salud de su cerebro, es muy importante seguir controlando su presión arterial, el colesterol y el nivel de azúcar (prediabetes). Por favor, siga visitando a su médico principal de forma regular para mantener estos niveles bajo control.
- **Salud Emocional:** Entendemos que los últimos años han sido difíciles tras sus enfermedades (como la neumonía y el COVID) y el haber dejado de trabajar. Es completamente normal sentirse triste, ansioso, irritable o con menos apetito. Le recomendamos hablar con su médico principal sobre estos sentimientos. Existen opciones de apoyo que le ayudarán a sentirse más tranquilo, con mejor ánimo y con más energía para su día a día.

2. Seguridad en Casa y en la Comunidad

- **Medicinas:** Como usted mismo nos comentó que a veces se le olvida tomar sus pastillas, es fundamental que su esposa, Blanca, sea la única persona encargada de guardar, organizar y darle sus medicamentos todos los días. Esto evitará cualquier accidente o error peligroso.
- **Salidas y Transporte:** Debido a que en ocasiones se ha sentido desorientado cuando sale, le recomendamos **no salir a la calle sin compañía**. Siempre debe ir acompañado por su esposa o algún familiar de confianza para garantizar su seguridad.

3. Trámites Legales y del Hogar

- **Manejo del Dinero:** Para proteger su tranquilidad y evitar confusiones, Blanca debe seguir encargándose de administrar todo el dinero, las cuentas y los pagos de la casa.
- **Planificación Legal:** Les sugerimos a usted y a su familia preparar documentos legales importantes, como un "Poder Médico" (Medical Power of Attorney) y un "Poder Financiero" (Financial Power of Attorney). Es mejor dejar esto firmado y por escrito ahora, para asegurar que Blanca tenga el permiso legal de ayudarlo a tomar decisiones importantes en el futuro.
- **Citas Médicas:** Blanca debe seguir programando y asistiendo con usted a todas sus consultas médicas. Así se aseguran de que no se pase por alto ninguna instrucción del doctor.

4. Estrategias para la Memoria y el Día a Día

- **Apoyos Visuales:** Ya que a usted le ayuda mucho escribir las cosas, le animamos a tener siempre a la mano una libreta para anotar lo que quiere hacer, recordar o platicar. También les sugerimos colgar un calendario de números grandes en un lugar visible (como la cocina) y anotar ahí la fecha y las actividades de cada día.
- **Rutina Diaria:** Mantener una rutina predecible todos los días le ayudará a sentirse más seguro y menos ansioso. Trate de hacer actividades que disfrute y que no le causen estrés. Pasar tiempo conviviendo con su familia o haciendo pasatiempos tranquilos es una excelente medicina para su mente.