

## Houston Neuropsychology Associates, PLLC

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### NEUROPSYCHOLOGICAL EVALUATION

**NAME:** Pete Garcia

**REFERRAL SOURCE:** Chintan Shah, M.D.

**DATE OF BIRTH:** 07/30/1955 (70)

**DATE OF EXAM:** 06/03/2026

#### **REASON FOR REFERRAL**

Dr. Shah referred Mr. Garcia for a neuropsychological evaluation due to suspected cognitive decline. The present test results will elucidate his current level of functioning to inform diagnostic decision-making and treatment planning.

**Identifying Information:** The following information was obtained from a clinical interview with Mr. Garcia and a review of his available medical records. Mr. Garcia is a 70-year-old, right-handed, married Hispanic male with 12 years of formal education.

**Presenting Problem:** Mr. Garcia reported being referred for evaluation due to his wife's concerns regarding his memory. He stated that she noticed memory declines approximately two years ago, though he personally attributes some difficulties to "selective hearing" or a lack of attention. He acknowledged increased difficulty recalling new names and occasionally requiring others to repeat information.

Functionally, Mr. Garcia stated that he is capable of performing all basic self-care tasks and most instrumental activities of daily living. He indicated that his wife manages the household finances, which is a longstanding arrangement. While he remains independent with medication administration, his wife organizes his medications in a pillbox and provides occasional reminders.

From an emotional standpoint, Mr. Garcia denied experiencing symptoms of anxiety or depression. He also denied suicidal ideation or symptoms suggestive of psychosis (e.g., hallucinations or delusions). Mr. Garcia reported no changes in weight or energy level. Concerning sleep, he reported a normal onset but noted inconsistent use of his CPAP machine for sleep apnea. He added that he experiences nocturia and feels tired in the morning.

#### **MEDICAL HISTORY**

Mr. Garcia's medical history is significant for anemia, aortic insufficiency (severe), atrial fibrillation (chronic), benign neoplasm of the salivary glands, benign prostatic hyperplasia (with obstruction), carotid artery calcification (bilateral), chronic diastolic heart failure, dermatophytosis of groin and perianal region, diabetes mellitus, fatty liver, hearing loss, heart disease, hypercoagulable state, hypertension, kidney disease (stage 3), mixed hyperlipidemia, obstructive sleep apnea (treated inconsistently), prosthetic valve dysfunction, sick sinus syndrome, symptomatic bradycardia, and tubular adenoma of the colon.

**Surgeries:** His surgical history includes ankle surgery (radial resection of tumor talus/calcaneus; left), aortic valve replacement, cardiac pacemaker placement, colonoscopies, coronary angiogram, endoscopy, excision of the salivary gland, neck gland tumor resection, open heart surgery, rhinoplasty, tonsillectomy, transcatheter aortic valve replacement, and vasectomy.

**Current Medications:** Mr. Garcia's medication regimen includes amiodarone, apixaban, atorvastatin, glimepiride, lisinopril, metformin, metoprolol, tamsulosin, and torsemide.

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

**Family History:** Mr. Garcia reported that his mother had diabetes and died due to complications from this condition at age 78. His father died from a heart attack at age 84. Mr. Garcia has three brothers and three sisters. Their medical histories include diabetes (brother), hypertension (two sisters and one brother), pituitary cancer (sister), and jaw/gum cancer (sister). Of note, he stated that six of his mother's siblings had Alzheimer's disease. His medical records indicated that his maternal grandmother and mother also had Alzheimer's disease, but Mr. Garcia denied that this was accurate.

### **MENTAL HEALTH HISTORY**

Mr. Garcia denied past or present mental health treatment.

### **EDUCATIONAL HISTORY**

Mr. Garcia completed 12 years of formal education and was reportedly an "average" student. He denied a history of specific learning disorders, special education services, or grade retention.

### **MILITARY HISTORY**

Mr. Garcia served in the United States Marine Corps (USMC) from 1974 to 1978. His primary duties included serving as military police, working in corrections, and functioning as a corrections counselor. He received an honorable discharge.

### **OCCUPATIONAL HISTORY**

Mr. Garcia's professional history includes 20 years in warehousing management. Since 2002, he has worked in land development. He remains employed full-time and reports no problems with his work performance.

### **SOCIAL HISTORY**

Mr. Garcia was born and raised in Texas. He is bilingual in Spanish and English; Spanish was his first language, and he learned English upon entering school. Both languages were reportedly spoken in the home during his childhood. He has been married twice. His first marriage lasted 15 years and ended in divorce; they have two children. He has been married to his current wife for 33 years. He has one biological child from this marriage and two stepchildren. He currently resides in Cypress, Texas, with his wife and daughter.

### **BEHAVIORAL OBSERVATIONS**

Mr. Garcia arrived promptly and was unaccompanied. He was appropriately dressed, well-groomed, and ambulated without assistance. He borrowed a pair of reading glasses from the office, as he did not bring his to the appointment. His vision (corrected) and hearing were adequate for testing purposes. His speech was within normal limits. Mr. Garcia described his mood as "good," and his affect was consistent with conversational content. Overall, he was pleasant and cooperative, persevering throughout testing. The results of this evaluation are considered a valid assessment of his current neuropsychological functioning.

### **TESTS ADMINISTERED**

Adult Neuropsychology History Questionnaire  
Clinical interview with the patient  
Mini Mental State Examination (MMSE)  
Wide Range Achievement Test – 5<sup>th</sup> Edition,  
Word Reading  
Wechsler Adult Intelligence Scales – IV, selected  
subtests  
Hopkins Verbal Learning Test – Revised  
Wechsler Memory Scale – IV, selected subtests  
Neuropsychological Assessment Battery, Naming  
Controlled Oral Word Association Test  
Animal Fluency Test

Rey Complex Figure Test, copy  
Judgment of Line Orientation Test, short form  
Grooved Pegboard Test  
Trail Making Test  
Delis-Kaplan Executive Function System, selected  
subtests  
Modified Wisconsin Card Sorting Test  
Geriatric Depression Scale  
Beck Depression Inventory – II  
Beck Anxiety Inventory  
Minnesota Multiphasic Personality Inventory – 2 RF

### **NEUROPSYCHOLOGICAL FUNCTIONING**

***Mental Status:*** Mr. Garcia obtained a score of 29 out of 30 on the MMSE. He was unable to recall one of three words after a brief delay.

***Attention & Processing Speed:*** Digit repetition and reversal were average, and digit sequencing was high average. Speeded rote word reading was average, and speeded rote color naming was low average. Number and symbol transposition was average, as was visual scanning and symbol identification. Similarly, speeded visual graphomotor tracking for a numerical sequence was average.

***Learning & Memory:*** Word list learning was below average, and delayed recall was exceptionally low. List recognition memory was below average. Immediate story memory was below average, and delayed story memory was exceptionally low, with zero story elements recalled. In contrast, story recognition memory was low average. Immediate visual memory was below average, while delayed visual memory and visual recognition memory were low average.

***Language:*** Single-word reading and expressive vocabulary were average. Confrontation naming was high average. While phonemic verbal fluency was average, semantic verbal fluency was low average.

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

***Motor Functioning:*** Fine motor dexterity was low average with his dominant hand and average with his nondominant hand.

***Executive Functioning:*** Verbal and nonverbal abstraction were average. Speeded visual graphomotor tracking for an alternating number-letter sequence was also average, although he committed two errors on this task. Response inhibition was low average for speed but high average for accuracy. On a similar task requiring set-shifting, his speed and accuracy were both average. Additionally, he completed a measure of novel card sorting that required learning and strategy modification in response to feedback. While his ability to establish sets was exceptionally low, his ability to switch sets was low average.

***Emotional & Behavioral Functioning:*** On brief self-report measures of mood, he endorsed minimal symptoms of anxiety and depression. On a comprehensive measure of personality functioning, validity scales revealed signs of possible symptom minimization. Therefore, the absence of elevations on most of the clinical scales was interpreted cautiously. He only noted some behavior-restricting fears.

### **SUMMARY**

Mr. Garcia was referred for this evaluation to assess for objective evidence of cognitive decline. His current neuropsychological profile is notable for memory dysfunction, including impairments in visual and verbal learning, delayed verbal recall, and rote verbal recognition. Additional deficits were evident in complex figure construction and establishing novel sets. Low average scores were observed in delayed visual recall and recognition of contextual verbal and visual material, as well as speeded rote color naming, semantic verbal fluency, visual organization, response inhibition speed, cognitive switching accuracy, and fine motor dexterity with his dominant hand. The remainder of his cognitive performance fell within normal limits. On measures of mood, he reported minimal symptoms of anxiety and depression.

In sum, Mr. Garcia exhibits cognitive decline relative to both his same-aged peers and his estimated premorbid level of functioning. Based solely on his test results, Mr. Garcia's profile borders on the threshold for a dementia diagnosis; however, his report of minimal functional changes suggests that a conservative diagnosis of mild cognitive impairment might be more appropriate at this time. Given his performance pattern, an underlying neurodegenerative disease process, likely Alzheimer's disease, is suspected. However, he has a history of cerebrovascular risk factors and inconsistently treated sleep apnea that could also be contributing to some extent.

Continued monitoring will be essential to further elucidate the etiology of his deficits and assess for any potential change or decline over time.

***Impressions:*** Mild Cognitive Impairment, Amnesic Type, Multiple Domain

***Recommendations:***

1. Mr. Garcia may benefit from implementing compensatory techniques when completing advanced daily tasks. Additionally, if his cognitive status continues to decline, he may need greater assistance or supervision in the future. In general, he is encouraged to implement the following accommodations and strategies to improve his efficiency and reduce frustration.
  - a. *Complex Decision-Making:* Mr. Garcia is 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 will ensure that his wishes are considered in future decision-making processes (e.g., medical, legal, and financial).
  - b. *Employment Status:* Although Mr. Garcia continues to work full-time without reported difficulties, his objective memory deficits suggest he may be at risk for workplace errors. He is encouraged to consider transitioning toward retirement or implementing additional oversight at work to ensure his duties are performed accurately.
  - c. *Financial & Medication Management:* He is advised to utilize compensatory strategies (e.g., automatic bill payment, detailed notes, pillboxes, and timers/alarms) when completing these tasks.
  - d. *Driving & Operating Machinery/Appliances:* Mr. Garcia may benefit from restricting his driving to familiar places, preferably close to home. If he wishes to drive to new or unfamiliar destinations, it is recommended that he travel with another licensed driver. He is also encouraged to keep a mobile phone with him as a precaution in case he becomes lost or needs assistance. If he is opposed to these recommendations, a formal driving evaluation may be warranted. Such services may be obtained from Strowmatt Rehabilitation Services (713-722-0667). Mr. Garcia would also benefit from utilizing compensatory techniques when operating potentially dangerous appliances (e.g., stove, oven, and iron).
  - e. *Misplacement of Items:* Mr. Garcia is encouraged to identify a central, visible location in his home to store all of his daily necessities (e.g., keys, wallet, calendar, and cell phone).
  - f. *Planning/Organization:* Mr. Garcia may benefit from the use of a calendar, organizer, cell phone, alarm, or audio recorder in order to better organize necessary information (e.g., telephone numbers and medical appointments). Additionally, he is advised to break down complex tasks into manageable parts to reduce frustration. He would also benefit from following a daily routine to provide structure.
2. Mr. Garcia reported that he uses his CPAP machine inconsistently to treat sleep apnea. He is advised to consult with a sleep specialist or pulmonologist to further address this matter.
3. He is encouraged to participate in previously enjoyed hobbies, as well as organizations or clubs. Routine activity and social interaction will be essential to maintain good health and reduce social withdrawal.
4. It is recommended that he undergo neuropsychological testing in 12 months to further monitor his cognitive status.

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: 06/03/2026