

Houston Neuropsychology Associates, PLLC

Phone: 713-893-7105 • Fax: 713-893-7145 • Email: office@houston-npa.com • Web: houston-npa.com

NEUROPSYCHOLOGICAL EVALUATION

NAME: Charles Geer

REFERRAL SOURCE: Joan Manu, FNP-C

DATE OF BIRTH: 07/16/1947 (78)

DATE OF EXAM: 06/25/2026

REASON FOR REFERRAL

Joan Manu, FNP-C, referred Mr. Geer 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. Geer and his wife, along with a review of available medical records. Mr. Geer is a 78-year-old, right-handed, married Caucasian male with 16 years of formal education.

Presenting Problem: Mr. Geer reported being referred for testing due to cognitive concerns over the past year. His wife concurred with his subjective report but indicated a more gradual onset extending over a couple of years, with progressive declines becoming more prominent within the past year. Specifically, both Mr. Geer and his wife endorsed changes in memory (e.g., misplacing items and asking others to repeat information), word retrieval problems, and reduced processing speed. His wife added that his attention varies.

Functionally, Mr. Geer remains independent for all basic activities of daily living and physical self-care tasks, as well as certain instrumental activities of daily living. He continues to engage in yard work, household chores, and medication management. Conversely, he and his wife indicated that he has exhibited declines with driving, such that he has greater navigational challenges when traveling to new and unfamiliar destinations. Regarding financial management, their routine bills are automatically drafted or managed jointly; however, his wife indicated that he had difficulties filing their taxes this year and required her assistance.

From an emotional standpoint, Mr. Geer denied generalized anxiety or depression, though he acknowledged experiencing frustration related to his memory lapses. His wife noted that his anxiety seems to have gradually worsened. He denied suicidal ideation or symptoms suggestive of psychosis. Mr. Geer indicated that he has been unintentionally losing weight over the past year without any changes in his appetite or eating habits. His wife mentioned that they have consulted with his physician about their concerns. Mr. Geer stated that his sleep onset is adequate, but sleep maintenance is poor due to nocturia. He reports feeling rested in the morning and maintains adequate daytime energy, though his wife notes that he occasionally dozes in front of the television.

MEDICAL HISTORY

Mr. Geer's medical history is significant for hypertension, hyperlipidemia, cardiac arrhythmia, non-sustained ventricular tachycardia, peripheral artery disease, benign prostatic hyperplasia, lower urinary tract symptoms, osteoarthritis of the shoulders, degenerative disc disease (cervical and lumbar), osteopenia, hypogonadism, glaucoma, hearing loss, and vitamin D deficiency. He also has a history of skin cancer, including melanoma in situ and nonmelanoma skin cancer.

Diagnostic Tests: A CT scan of the brain conducted on 06/08/2022 revealed no acute cortical infarct, hemorrhage, or intra-axial mass.

Surgeries: His surgical history includes abdominal hernia repairs (two), basal cell excision, bilateral shoulder replacements, colonoscopies, Mohs surgery for facial melanoma, prostate biopsies, right inguinal hernia repair, squamous cell excision (left arm), tonsillectomy, upper GI endoscopy, and wisdom teeth extraction.

Current Medications: His current medication regimen includes amlodipine besylate, finasteride, latanoprost, and tamsulosin.

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

Family History: His mother's medical history is significant for stroke with resultant dementia, untreated parathyroid disease, gastrointestinal problems, and glaucoma; she passed away at age 91. His father reportedly had Parkinson's disease with severe dementia and a seizure disorder; he passed away at age 70. His wife noted that his father experienced hallucinations, leading her to suspect a diagnosis of Lewy Body Dementia. Mr. Geer has three siblings. Both of his brothers developed prostate cancer. In addition, one brother has a history of skin cancer, and the other has Fuchs' dystrophy. Mr. Geer's sister is reportedly healthy.

MENTAL HEALTH HISTORY

Mr. Geer denied a history of mental health treatment.

EDUCATIONAL HISTORY

Mr. Geer completed 16 years of formal education and earned a bachelor's degree in electrical engineering from Trinity University. While he noted that balancing employment during his undergraduate studies made it more difficult to maintain his grades, he generally described himself as an above average student. He denied a history of grade retention, special education services, or a diagnosis of a specific learning disorder.

MILITARY HISTORY

Mr. Geer served in the United States Air Force from 1971 to 1976, operating as an electronic warfare officer. He received an honorable discharge.

OCCUPATIONAL HISTORY

Mr. Geer was employed as an engineer at AT&T for 24 years. He subsequently worked in supplier diversity through his own consulting company and as a contractor with AT&T for an additional five to six years. Mr. Geer retired in 2010.

SOCIAL HISTORY

Mr. Geer was born and raised in Anderson, South Carolina, and is a monolingual English speaker. He has been married to his wife for 56 years, and they share two biological sons. The couple currently resides in Pearland, Texas.

BEHAVIORAL OBSERVATIONS

Mr. Geer arrived promptly and was accompanied by his wife. He was appropriately dressed, well-groomed, and ambulated without assistance. His vision (corrected) and hearing (corrected) were adequate for testing. His speech was significant for word retrieval problems. Mr. Geer's mood was euthymic, and his affect was consistent with conversational content. Mild impulsivity and rapid forgetting were evident during the test session. Overall, he was pleasant and cooperative, demonstrating good engagement. 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 & his wife
Mini Mental State Examination (MMSE)
Wide Range Achievement Test – 5th 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
Repeatable Battery for the Assessment of
Neuropsychological Status, selected subtests

Grooved Pegboard Test
Delis-Kaplan Executive Function System, selected
subtests

Trail Making Test
Geriatric Depression Scale
Beck Anxiety Inventory

NEUROPSYCHOLOGICAL FUNCTIONING

Mental Status: Mr. Geer obtained a score of 22 out of 30 on the MMSE. He was disoriented to time (day and date) and place (city and building). He was also unable to complete an attentional task, recall one of the three words after a delay, and copy a design.

Premorbid Intelligence: Estimated premorbid intellectual functioning based on single-word reading was average.

Attention & Processing Speed: Mr. Geer did not initially comprehend the instructions of a digit repetition task, repeating the numbers in reverse order. When testing the limits, his performance improved to low average, while digit reversal was below average. Speeded rote color naming was low average, and speeded rote word reading was average. Number and symbol transposition was low average. In contrast, speeded visual-graphomotor tracking of a numerical sequence was exceptionally low.

Learning & Memory: Word list learning and delayed recall were exceptionally low, with zero words produced after a delayed interval. List recognition memory was also exceptionally low. Immediate and delayed story memory were exceptionally low, with zero story elements recalled after a delay. In contrast, story recognition memory was within normal limits. Immediate visual memory was exceptionally low, while delayed visual memory was below average. Visual recognition memory was also below average.

Language: Expressive vocabulary was average. However, performance across phonemic fluency and semantic fluency was exceptionally low, as was confrontation naming.

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

Motor Functioning: Fine motor dexterity was low average bilaterally.

Executive Functioning: Verbal abstraction was low average, while nonverbal abstraction was below average. Response inhibition speed was exceptionally low, and accuracy was below average. He struggled to complete a set-shifting task and a measure of cognitive flexibility due to difficulty comprehending the test instructions and adhering to the task demands.

Emotional & Behavioral Functioning: On brief self-report measures of mood, he endorsed minimal symptoms of anxiety and depression.

SUMMARY

Mr. Geer was referred for this evaluation to assess for objective evidence of cognitive decline. His current neuropsychological profile revealed deficits in attention and working memory, visuospatial skills (construction and organization), language (naming and fluency), memory (learning and recall), and executive functioning (cognitive flexibility, response inhibition, switching, and nonverbal abstraction). He also had difficulty on one measure of processing speed and two of three measures of recognition memory. His performances across the remainder of the evaluation were generally in the average or low average ranges. On brief measures of mood, Mr. Geer reported minimal distress.

In sum, Mr. Geer's test results reflect a significant decline relative to same-aged peers and his estimated premorbid level of functioning. Based on his cognitive profile and the reported functional changes, a diagnosis

of dementia is warranted. Given the nature of his deficits and his prominent amnesic presentation, an underlying Alzheimer's disease process is strongly suspected. However, an additional contribution from a cerebrovascular etiology cannot be entirely ruled out given his medical history.

Impressions: Probable Dementia of the Alzheimer's Type, Mild Severity

Recommendations:

1. Mr. Geer would likely benefit from assistance when attempting to manage his medical, financial, and legal affairs. Responsible parties are encouraged to verify that documentation, such as a durable power of attorney, medical power of attorney, and an advance care plan, is established. These documents will ensure that his wishes will be considered in future decision-making processes.
2. His retention of information should not be assumed in any conversation or other communication. A family member or trusted associate should accompany him to all doctor visits and other important meetings. Providing information in written form is highly recommended so that he may refer to it later.
3. Given his cognitive profile and current living arrangement, Mr. Geer requires ongoing support and supervision to manage activities of daily living. Should those needs eventually surpass the scope of care available at home, transition to an assisted living or memory care community should be considered.
 - a. *Financial & Medication Management:* Mr. Geer would benefit from assistance with these tasks. Additional compensatory techniques that may prove useful include the use of automatic bill payments, detailed notes, reminders, and pillboxes.
 - b. *Driving & Operating Machinery/Appliances:* Given his cognitive deficits, driving cessation would be the safest course of action. Should he wish to continue operating a vehicle, a formal driving evaluation is recommended. Such services may be obtained from Strowmatt Rehabilitation Services (713-722-0667). He would also benefit from supervision when attempting to use potentially dangerous appliances such as an oven, stove, or iron.
 - c. *Misplacement of Items:* Mr. Geer would benefit from identifying a central, visible location in his home to store his daily necessities (e.g., keys, glasses, wallet, and cell phone).
 - d. *Organization/Multitasking:* Mr. Geer may benefit from breaking down complex tasks into manageable steps. He would also benefit from completing tasks in an environment that minimizes outside distractions. Compensatory strategies are encouraged, such as a memory notebook, timers, and detailed notes. Daily routines and structure are also encouraged.
 - e. *Emergencies:* It would be helpful for Mr. Geer to have important telephone numbers programmed into his cell phone or written in his daily planner. This will allow him to contact people when desired or needed (e.g., family, police, and fire department).
3. He is encouraged to participate in previously enjoyed hobbies, as well as organizations or clubs. Routine activity and social interaction will be essential for maintaining good health and reducing social withdrawal.
4. Additional resources for Mr. Geer and his family/friends (i.e., caregivers) can be found online at <http://www.ninds.nih.gov/> and <http://www.alz.org/texas/>.

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: 06/25/2026