

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

NAME: Lindsay Godfrey

REFERRAL SOURCE: Melanie Roberts-Boyd, FNP

DATE OF BIRTH: 05/18/1989 (37)

DATE OF EXAM: 06/19/2026

REASON FOR REFERRAL

Melanie Roberts-Boyd, FNP, referred Ms. Godfrey for a neuropsychological evaluation due to suspected cognitive decline. The present test results will elucidate her current level of functioning to inform diagnostic decision-making and treatment planning.

Identifying Information: The following information was obtained from a clinical interview with Ms. Godfrey and a review of available medical records. Ms. Godfrey is a 37-year-old, right-handed, married, biracial (Black and Native American) female with 18 years of education.

Presenting Problem: Ms. Godfrey stated that she was in her usual state of health until sustaining a head injury on 01/22/2026. She was reportedly referred for testing due to a lack of expected cognitive improvement following this event. She reported striking her left temple on a floating shelf while retrieving an item, which resulted in a fall to the ground and blurry vision. She denied losing consciousness. She subsequently sought medical evaluation after her husband and daycare staff noted abnormalities in her visual presentation and speech. On the injury date, Ms. Godfrey estimated that she was at approximately 75% of her baseline; however, she has reportedly improved and is nearing her premorbid level of functioning. Currently, she endorsed memory difficulties, specifically for intentions and appointments, necessitating increased reliance on reminders. She also endorsed increased distractibility, reduced processing speed, and occasional word-finding difficulties.

Functionally, Ms. Godfrey reported that she can perform all basic self-care tasks and most instrumental activities of daily living without difficulty. She only acknowledged a few instances when she forgot to turn off the oven after she finished baking.

From an emotional standpoint, Ms. Godfrey endorsed ongoing anxiety with a history of panic attacks. She denied symptoms of depression, suicidal ideation, or psychosis. Her sleep architecture is characterized by poor sleep onset but adequate maintenance. She denied feeling rested upon waking and noted that her energy level is typically reduced. Ms. Godfrey reported a ten-pound weight loss over the past month and a half, which she attributed to initiating Wegovy.

MEDICAL HISTORY

Ms. Godfrey's medical history is significant for concussion (described above), nonintractable headaches, and a history of multiple remote childhood head injuries without loss of consciousness.

Ms. Roberts-Boyd's records included emergency room notes from Ms. Godfrey's hospital visit on 01/22/2026. Dr. Jon Sampson Hitchcock evaluated her and stated that she reported severe pain above the left eyebrow that radiated to the right side. She also appeared somewhat lethargic in triage.

Imaging: A head CT on 01/22/2026 revealed no acute intracranial abnormalities.

Surgeries: Ms. Godfrey's surgical history includes Bartholin removal, cesarean section, and left carpal tunnel release.

Current Medications: Her medication regimen includes nortriptyline, sertraline, and Wegovy.

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

Family History: Ms. Godfrey's mother is in her late sixties and has possible osteopenia/osteoporosis. Her father, also in his sixties, has a history of anxiety, hypertension, kidney removal, blood conditions (unspecified), multiple strokes, spinal problems, and recent memory loss described as "pre-dementia" by his physician. Ms. Godfrey has an older brother whose medical history is unknown. Of note, her maternal grandmother reportedly had dementia (unspecified type).

MENTAL HEALTH HISTORY

Ms. Godfrey endorsed a history of panic attacks beginning in 2011, for which she was prescribed Lexapro. She reported taking psychotropic medications intermittently from 2011 until 2019, but consistently since that time. She also indicated that she has worked with three to four therapists over the past decade, most recently seeing a counselor through an employee assistance program in 2025.

EDUCATIONAL HISTORY

Ms. Godfrey completed 18 years of formal education, earning a Bachelor's degree in mass communication and a Master's degree in education. She described herself as being an "A" student in graduate school, but her grades ranged from "A" to "C" during her undergraduate studies. She denied any history of grade retention, special education services, or learning disorders.

OCCUPATIONAL HISTORY

Ms. Godfrey most recently worked in talent management and learning development for nine years. Her prior employment history includes working at a district attorney's office, a home for adults with disabilities, restaurants, and as a radio personality. She stated that her employer terminated her position two weeks ago, though she technically remains employed in a talent transition program. She was given two months to apply for another position within the company or receive a severance package. Ms. Godfrey stated that she is currently seeking employment.

SOCIAL HISTORY

Ms. Godfrey was born on a military base in Fort Polk, Louisiana, and raised in Oberlin, Louisiana. Her primary language is English. She currently resides with her husband of 11 years and their son in Iowa Colony, Texas.

BEHAVIORAL OBSERVATIONS

Ms. Godfrey arrived promptly and was unaccompanied. She was appropriately dressed, well-groomed, and ambulated without assistance. Her speech was within normal limits. She reported that her mood was "fine," and her affect ranged from euthymic to anxious. During testing, Ms. Godfrey exhibited periods of restlessness and evident anxiety, particularly when faced with tasks that she perceived as challenging. For instance, she stood and paced the room when completing verbal measures of memory. Overall, Ms. Godfrey was pleasant and cooperative; she persevered throughout testing. The results of this evaluation are considered a valid assessment of her current neuropsychological functioning.

TESTS ADMINISTERED

Adult Neuropsychology History Questionnaire
Clinical interview with the patient
Mini Mental State Examination (MMSE)
Wide Range Achievement Test – 5th Edition, Word Reading
Wechsler Adult Intelligence Scales – IV, selected subtests
Rey Auditory Verbal Learning Test
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
Beck Anxiety Inventory
Beck Depression Inventory – II

Minnesota Multiphasic Personality Inventory – 2
RF

Performance Validity Test

NEUROPSYCHOLOGICAL FUNCTIONING

Performance Validity: She completed standalone and embedded measures of performance validity, and her scores were within the valid range.

Mental Status: Ms. Godfrey obtained a score of 28 out of 30 on the MMSE. She was unable to follow all three steps of a multistep command or accurately copy a design.

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

Attention & Processing Speed: Performance across digit repetition, reversal, and sequencing was average. Speeded rote color naming and word reading were also average. Similarly, number-symbol transposition, as well as visual scanning and symbol identification, was average, while speeded visual-graphomotor tracking of a numerical sequence was low average.

Learning & Memory: Word list learning was below average. Immediate list recall was low average, while delayed list recall was below average. List recognition memory was average. Immediate and delayed story memory were average, and story recognition memory was within normal limits. Both immediate and delayed visual memory were high average, and visual recognition memory was within normal limits.

Language: Expressive vocabulary was average. Semantic verbal fluency was also average, but phonemic verbal fluency was below average. Confrontation naming was exceptionally low.

Visuospatial/Construction: Complex figure construction was within normal limits. Visuospatial judgment and visual organization of abstract block designs were average.

Motor Functioning: Fine motor dexterity was exceptionally low with her dominant hand and below average with her nondominant hand.

Executive Functioning: Nonverbal abstraction was high average, while verbal abstraction was average. Response inhibition speed was average, with high average accuracy. Set-shifting speed and accuracy were both average, as was speeded visual-graphomotor tracking of an alternating alphanumeric sequence.

Emotional & Behavioral Functioning: On brief self-report measures of mood, Ms. Godfrey endorsed moderate symptoms of anxiety and minimal symptoms of depression. She also completed a comprehensive measure of personality functioning, which yielded a valid and interpretable profile. Clinically, she endorsed symptoms of anxiety, particularly stress and worry. She also reported various physical concerns, including head pain, vague neurological symptoms, and cognitive dysfunction. Her response pattern suggested a likely psychological component to her somatic complaints.

SUMMARY

Ms. Godfrey was referred for this evaluation to assess for objective evidence of cognitive decline following a recent head injury. Her current neuropsychological profile revealed relative weaknesses in rote verbal memory (learning and recall), phonemic verbal fluency, and confrontation naming, as well as bilateral fine motor dexterity. The remainder of her test results fell in the low average range or above. On brief measures of emotional functioning, she reported moderate symptoms of anxiety and minimal symptoms of depression. Furthermore, her profile on a comprehensive measure of personality functioning was valid and highlighted significant health-related concerns and anxiety.

In sum, Ms. Godfrey's cognitive profile identified isolated anomalous scores but did not reveal a cohesive pattern to suggest significant or progressive cerebral dysfunction. Regarding her concussion, injury characteristics (i.e., no loss of consciousness, negative neuroimaging) are consistent with a mild head injury. While such injuries typically resolve within weeks to months, persistent symptoms are often perpetuated by non-neurological factors. Her current test results revealed evidence of cognitive inefficiency, which is likely related to underlying psychological distress and sleep disruption. Effective treatment of her emotional symptoms and sleep disturbance would be expected to yield improvements in her overall level of functioning.

Impressions: Cognitive Inefficiency Likely Due to Psychological Factors
Generalized Anxiety Disorder, with Panic Attacks

Recommendations:

1. Ms. Godfrey is encouraged to consult with her prescribing physician regarding her emotional symptoms, as she would likely benefit from a reevaluation of her current psychotropic medication. She would also benefit from resuming psychotherapy with a clinical psychologist.
2. Ms. Godfrey is encouraged to continue participating in social and physical activities. Routine activity and social interaction are essential for maintaining good health and reducing social withdrawal, which can exacerbate symptoms of depression and anxiety.
3. Given her cognitive concerns, the following strategies may prove helpful:
 - a. Completing tasks in an environment that minimizes outside distractions.
 - b. Allotting additional time to complete demanding tasks.
 - c. Writing down important information to help keep track of her daily workload. For example, she may benefit from the use of a calendar or organizer in order to better maintain necessary information (e.g., telephone numbers, medical appointments, etc.).
 - d. Deconstructing challenging or complex tasks into small, consecutive steps. In this way, these tasks will become more manageable.
 - e. Using additional compensatory strategies, such as detailed notes, timers/alarms, automatic bill payment, pillboxes, and so forth.
4. Ms. Godfrey would benefit from employing sleep hygiene techniques. The following self-directed strategies are recommended; however, if they yield insufficient progress, a referral for structured Cognitive Behavioral Therapy for Insomnia (CBT-I) should be considered:
 - a. Maintaining a consistent schedule.
 - b. Optimizing the bedroom environment (e.g., dark, quiet, cool, and comfortable).
 - c. Engaging in a relaxing bedtime routine (e.g., disconnect from screens for at least 30 minutes before bed, take a warm bath, read a physical book, listen to calming music, meditate, etc.).
 - d. Limiting heavy meals, caffeine, and fluid intake in the evening.
 - e. Exercising regularly, as physical activity can enhance sleep quality.

5. Given her cognitive concerns, it was prudent for her to seek a neuropsychological evaluation. If her symptoms persist, then she may benefit from a reassessment. This evaluation can serve as a baseline for comparison.

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: 06/20/2026