

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name:	Morteza Gourtani	Education:	16 years
Date of birth:	10/1/1956 (69)	Handedness:	Right
Date of exam:	6/17/2026	Marital status:	Married
Ethnicity:	White	Occupation:	Retired
Referral source:	Ezekiel Sachs, M.D.		

Mr. Gourtani's neurologist referred him for an objective assessment of cognitive decline. The results will describe his 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. He was seen with his wife.

PRESENTING PROBLEMS & REVIEW OF SYMPTOMS:

Mr. Gourtani described feeling that his "mind is foggy" when he wakes up in the morning. He also noted that his concentration is worse and that he frequently misplaces his keys. He reported a gradual onset 6-8 months ago, and he denied a progressive cognitive decline. His wife concurred with his report. She also noted that he occasionally forgets details of conversations, such as the purpose of an upcoming medical appointment, and he occasionally misplaces items, such as cash.

Mr. Gourtani is functionally independent, and he denied functional difficulties.

Mr. Gourtani reported longstanding mild anxiety, which has worsened in the last year as he nears retirement. He is frequently concerned that something bad is going to happen. He stated, "This is 70-80% of my problem." He denied suicidal ideation. His appetite and weight are stable. He has trouble maintaining sleep and uses Unisom 1-3 times weekly. His energy level is reduced.

The following symptoms were denied: hallucinations, sensory changes, Parkinsonian symptoms, incontinence, and REM sleep behavior disorder.

MEDICAL HISTORY

Conditions: none.

Surgeries: none.

Current medications: doxylamine (Unisom). He was prescribed escitalopram but stopped taking it.

Mental health: He reported longstanding mild anxiety, which has worsened in the last year. He was prescribed sertraline in the last year and took it inconsistently for 3-4 months. This was recently switched to escitalopram, which he took for 5 days before discontinuing. He noted that he prefers not to take medication.

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

Family history: No known family history of dementia. His parents' history was unremarkable. They both died in their 90s. He has 2 siblings whose history is unremarkable.

SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY

Mr. Gourtani was raised in Iran and moved to the U.S. at age 20. His native language is Farsi, and he became proficient in English after moving to the U.S. He is equally comfortable using both languages.

He has been married for 38 years and has 2 children. He lives with his wife and youngest child.

He completed high school in Iran and earned his bachelor's degree in computer technology from the University of Houston. He denied a history of learning difficulties.

He owns a car dealership and is in the process of retiring. He is still involved in the business but is doing less.

BEHAVIORAL OBSERVATIONS

Mr. Gourtani arrived on time and was accompanied by his wife. He was appropriately dressed and groomed. He ambulated independently. His conversational language comprehension and expressive speech were within normal expectations. His thought process was normal; however, he repeated himself during the interview. He presented with a somewhat anxious mood and a reduced affect.

He was oriented to concepts other than the date (off by 4 days) and the previous President. During testing, he frequently repeated himself and required repetition of test instructions.

TESTS ADMINISTERED

Standalone measure of performance validity	RBANS Line Orientation
Wide Range Achievement Test-5, Word Reading	Rey Complex Figure Copy
Wechsler Adult Intelligence Scale-IV, portions	Color Trails Test
Wechsler Memory Scale-IV, portions	D-KEFS Design Fluency Test
Hopkins Verbal Learning Test-Revised	Finger Tapping Test
Neuropsychological Assessment Battery, Naming	Geriatric Depression Scale-Short Form
Phonemic Fluency (FAS)	Patient Health Questionnaire-9
Animal Naming Test	Generalized Anxiety Disorder-7

RESULTS SUMMARY

Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores.

Sensory/Motor: Bilateral finger tapping speed was below average.

Academic: Word reading was average.

Attention & Processing Speed: Digit span was average; repetition was average, reversal was average, and sequencing was below average. Processing speed was below average for digit-symbol transcription and exceptionally low for symbol searching.

Executive Functioning: Speeded number/color set-shifting was exceptionally low but error-free. Unique design generation involving a switching component was average, and total design accuracy was average. Visual abstract reasoning was low average.

Language: Object naming was exceptionally low. Phonemic verbal fluency was below average. Semantic verbal fluency was exceptionally low.

Visuospatial: Judgment of line orientation was within normal expectations. The construction of block designs was average. Complex visuospatial reproduction was below average due to imprecision and one missing element, but the figure was otherwise well-represented.

Learning & Memory: Word list learning was low average, and delayed recall was nil. Recognition of list words was exceptionally low. Narrative registration was exceptionally low, and delayed recall was nil. Recognition of story elements was below average. Figure registration was exceptionally low, and delayed recall was below average. He identified 1/7 figures on a recognition format (below average).

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

CLINICAL IMPRESSIONS

Mr. Gourtani was raised in Iran, and his native language is Farsi, which should be considered when interpreting his test results. His performance was low on language measures, which was likely partially related to these factors. He also performed below expectations on measures of digit sequencing, symbol searching speed, transcription speed, set-shifting speed, word list recall, narrative registration and recall, and figure registration and recall. His verbal recall was nil, without benefit from cueing. He endorsed mild depressive and anxiety symptoms.

In summary, Mr. Gourtani's cognitive profile was characterized by amnesic memory decline and reduced processing speed. He is reportedly functionally independent, without functional difficulties. The report of symptoms and current results warrant a diagnosis of mild cognitive impairment. However, his results are concerning for incipient amnesic disease. Longitudinal cognitive monitoring is recommended.

DIAGNOSTIC IMPRESSIONS

Mild Cognitive Impairment, Amnesic Multiple Domain Type
Adjustment Disorder with Depressed Mood and Anxiety

RECOMMENDATIONS

1. His over-the-counter anticholinergic sleep medication (Unisom) is likely contraindicated due to its worsening dementia risk. Consideration of sleeping medication without such effects (e.g., melatonin, trazodone, or mirtazapine) is recommended.
2. He may be a candidate for the pharmacologic treatment of his memory decline.
3. Ongoing independence is encouraged. However, oversight over his management of his medications, finances, and daily affairs is recommended to ensure safety and accuracy over time.

4. He prefers not to take medication. I provided education about needing to take antidepressant medication as prescribed, if he decides to resume use. Ongoing mood monitoring by his physician(s) is recommended.
5. Documentation, such as a durable financial power of attorney, medical power of attorney, and an advanced care plan, should be in order and up to date.
6. Lifestyle factors, including optimal sleep, physical activity, social engagement, mental stimulation, and a healthy diet, are crucial for preserving cognition.
 - a. He is encouraged to engage in an enjoyable exercise regimen, such as daily walking, as medically indicated.
 - b. His 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>.
 - c. Learning a new skill or hobby would be beneficial. Online learning platforms offer free courses and certifications in a variety of subjects and skills (e.g., <https://www.coursera.org/>).
 - d. 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.
7. Neuropsychological re-evaluation is recommended in 1 year to document potential interim changes and update treatment recommendations.

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