Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Stephen Helton **Referral Source:** Joan Manu, FNP-C

Date of Birth: 6/12/54 **Date of Evaluation:** 6/18/26

Reason for Referral: Mr. Helton's neurology nurse practitioner referred him for neuropsychological evaluation due to suspected cognitive decline. Results will elucidate his current level of functioning to inform diagnostic decision-making and treatment planning.

Functions Assessed and Instruments Employed:

Background
Clinical Interview
Medical History Questionnaire
Intellectual
Wechsler Adult Intelligence Scale – IV (portions)
Language
NAB Naming Test
Verbal Fluency (FAS)
Semantic Fluency (animal naming; fruits & vegetables)
Word Reading (WRAT-5)
Visuospatial/Constructional
Judgment of Line Orientation
Rey Complex Figure Test (copy)
Attention
Digit Span (WAIS-IV)
Symbol Search (WAIS-IV)
Learning and Memory
Hopkins Verbal Learning Test – Revised
Logical Memory (WMS-IV)
Visual Reproduction (WMS-IV)
Executive Functions
Trail Making Test
Color-Word Interference Test (D-KEFS)
Modified Wisconsin Card Sorting Test
Motor Functions
Finger Tapping Test
Mood/Behavior
Perceived Deficits Questionnaire
Patient Health Questionnaire – 9
Generalized Anxiety Disorder Questionnaire – 7

Identifying Information:

The following information comes from a clinical interview with Mr. Helton and a review of available medical records. Mr. Helton is a 72-year-old, right-handed, married Caucasian male with 12 years of education.

Presenting Problems: Mr. Helton reported having short-term memory problems. "My memory isn't what it used to be," he said. He indicated that he struggles to recall names of actors and details of plots of movies he has watched numerous times. He must increasingly rely on written lists to avoid forgetting information. He reported that no one else has expressed concern about his cognitive functioning. These problems developed gradually one year ago and have remained stable over time.

He acknowledged becoming easily annoyed and having little interest or pleasure in doing things. His appetite and weight are stable. His sleep is adequate, though his energy level is mildly reduced. He denied suicidal ideation.

Mr. Helton denied having any problems performing instrumental activities of daily living and physical self-maintenance tasks.

Medical History: He has Parkinson's disease, hypertension, hyperlipidemia, diabetes, obesity, and osteoarthritis. The initial symptoms of his Parkinson's disease developed 1-2 years ago and included bilateral hand tremors (right worse than left), micrographia, and drooling. He has a history of melanoma that was treated surgically.

An MRI of the brain (04/13/2026) reported mild diffuse cerebral atrophy especially affecting the parietal lobes bilaterally, as well as mild chronic microvascular ischemic changes.

Surgeries: bilateral strabismus correction, hernia repair, and bilateral cataract surgery.

Current medications: amlodipine-valsartan and atorvastatin.

Substance use: He previously consumed alcohol in moderation but no longer drinks. He denied a history of nicotine use. He denied current recreational drug use.

Family history: His mother had Parkinson's disease and undiagnosed cognitive problems; she died at 70. His father had COPD and died at 89. He has two brothers. One of his brothers died from lung cancer. He does not know his other brother's medical history.

Mental Health History: He denied a history of mental health diagnosis and treatment.

Educational History: Mr. Helton graduated from high school and completed one year of college on a part-time basis. He reported earning average grades in school. He denied a history of grade retention and specific learning disorder.

Occupational History: He worked as an operator at Shell Oil. He retired 14 years ago.

Social History: Mr. Helton was born in Van Nuys, CA. He has been married for 52 years. He lives with his wife. They have one son and one daughter.

Behavioral Observations:
Mr. Helton presented as a nicely dressed, well-groomed gentleman. He ambulated independently and wore reading glasses. A reduced right arm swing and bilateral hand tremors were evident. Mood was pleasant and affect was broad. Speech was fluent. He misidentified the day of the week by one but was otherwise oriented to time, place, person, and situation. Mr. Helton understood all test instructions adequately. He was cooperative. He performed normally on multiple embedded measures of performance validity. Results appear to provide an accurate representation of his current level of neuropsychological functioning.

Results:
Intellectual: Mr. Helton obtained a Full Scale IQ of 107, which falls within the average range. Across ability domains, Verbal Comprehension (108) and Perceptual Reasoning (105) both fell within this range. On specific subtests, oral expression of word meanings was high average. Abstract verbal reasoning was average. Construction of abstract block designs was average as well. Visual pattern analysis was also average.

Language: Visual object naming was high average. Controlled oral verbal fluency was average to phonemic criteria; to semantic criteria, performance was exceptionally low to one category (animals) but low average to a pair of categories (fruits and vegetables). Oral word reading was average.

Visuospatial/Constructional: Judgment of angular line relations was above average. His copy of a complex geometric design was within normal limits.

Attention: Immediate recall of orally presented number sequences was average in forward and numerical order, and high average in reverse order. Speed of visuoperceptual scanning and discrimination was average.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was low average for total word recall across three trials (4, 7, and 9 words, respectively). After a 25-minute delay, he was able to recall 6 words from the list, which is low average in relation to his level of immediate recall (67% savings). Delayed word recognition was average (12 hits, 2 false positives).

Immediate recall of structured verbal material (stories) was average. In contrast, delayed (30-minute) recall of the same material was exceptionally low in relation to his level of immediate recall. Delayed recognition of story elements fell within normal limits, however.

Immediate recall of geometric figures was average. Delayed (30-minute) recall of the same figures was average as well. Delayed figural recognition fell within normal limits.

Executive Functions: Speed of visual-graphomotor tracking was low average for a simple (numerical order) sequence and a complex (alternating number-letter) sequence. He made one error on the complex sequence, which is within normal limits. Response inhibition was below average for speed but high average for accuracy. His ability to alternate between response inhibition and release (cognitive flexibility) was average for both speed and accuracy. Performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was average for the ability to establish set and low average for the ability to shift set.

Motor Functions: Fine motor speed (index finger tapping) was exceptionally low in the right hand and below average in the left hand.

Mood/Behavior: His self-report of depressive symptoms fell within normal limits. His self-report of anxiety symptoms also fell within normal limits.

Impression: Cognitive Impairment Due to Parkinson's Disease, Mild Severity

Mr. Helton's neuropsychological evaluation revealed moderate impairments in semantic fluency, delayed recall of story material, and fine motor speed (right hand). Mild impairments were evident in rote verbal learning and recall, response inhibition (speed), and fine motor speed (left

hand). His performance fell within the low average range on measures of complex sequencing (speed) and the ability to shift set, suggesting slight declines.

In contrast, he demonstrated strengths in expressive vocabulary, object naming, and visuospatial judgment. His abstract verbal reasoning, verbal fluency, word reading, visuoconstructional skills, visual pattern analysis, working memory, processing speed, immediate recall of story material, visual memory, cognitive flexibility, and the ability to establish set all fell within broad normal limits. He misidentified the day of the week by one but was otherwise oriented to time, place, person, and situation.

His self-report of depressive and anxiety symptoms fell within normal limits.

Mr. Helton's history and current test data reveal mild cognitive dysfunction that is most likely due to Parkinson's disease. Impairments in semantic fluency, rote verbal learning and recall, delayed recall of story material, response inhibition, and fine motor speed (right hand) are the most salient aspects of his profile. This pattern suggests predominantly frontal-subcortical systems dysfunction and is typical of PD. Greater left than right hemisphere involvement is suspected. He does not meet criteria for dementia at this time. Nevertheless, longitudinal monitoring would be prudent.

Recommendations:

1. Oversight of Mr. Helton's medications and finances is recommended. The current findings may serve as an impetus for him to ensure that his affairs are in order in case his problems worsen. Designation of durable power-of-attorney for healthcare and financial matters, as well as establishment of a will and advance directive, would be prudent if not yet completed or up to date.

2. Due to his mild cognitive dysfunction , it would be prudent for a family member or trusted associate to accompany him to all meetings of importance, such as medical appointments. Information should be presented to him in written form so that he may refer to it later when feasible.

3. His impairments in aspects of executive functioning raises potential concern about his driving safety. At a minimum, we would recommend that he limit his driving to short distances and familiar destinations under favorable conditions. He should keep a cell phone with him at all times in case he becomes lost or needs assistance.

4. Regular physical exercise, such as walking with a partner or using stationary fitness equipment with supervision, is recommended for its beneficial effects on brain health, mood, and cognitive maintenance.

5. Use of a smartphone is recommended to record important information and set reminders.

6. Cognitive stimulation should be encouraged. Social interaction and performing mentally engaging tasks such as puzzles may help preserve cognitive functioning.

7. Neuropsychological reevaluation in one year is recommended to track his progress and facilitate updated recommendations.

Thank you for this kind referral. If we may be of further assistance, please do not hesitate to contact us.

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Electronically signed: 6/24/26.