

Houston Neuropsychology Associates, PLLC

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**Neuropsychological Evaluation**

**Name:** Claudia Jones

**Referral Source:** Hassan Javanshir, MD

**Date of Birth:** 2/27/1963

**Date of Evaluation:** 6/29/2026

**Reason for Referral:** Dr. Javanshir referred Ms. Jones for neuropsychological evaluation due to suspected cognitive dysfunction. Results will elucidate her 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 (WAIS-IV);

Block Design, Similarities, Matrix Reasoning, Vocabulary)

**Academic**

Wide Range Achievement Test – 5 (Word Reading)

**Language**

NAB Naming Test

Verbal Fluency (FAS)

Semantic Fluency (Animal Naming)

**Visuospatial/Constructional**

Judgment of Line Orientation

Rey Complex Figure Test (copy)

**Attention/Working Memory**

Digit Span (WAIS-IV)

**Processing Speed**

Symbol Search (WAIS-IV)

**Learning and Memory**

Hopkins Verbal Learning Test - Revised (HVLTR)

Logical Memory (WMS-IV)

Visual Reproduction (WMS-IV)

**Executive Functions**

Trail Making Test (TMT)

Color-Word Interference Test (D-KEFS)

Modified Wisconsin Card Sorting Test (MWCST)

**Motor Functions**

Grooved Pegboard Test

**Mood/Behavior**

Perceived Deficits Questionnaire

Patient Health Questionnaire – 9 (PHQ-9)

Generalized Anxiety Disorder Questionnaire – 7 (GAD-7)

Minnesota Multiphasic Personality Inventory – 2 RF (MMPI-2 RF)

**Identifying Information:**

The following information comes from a clinical interview with Ms. Jones and a review of available medical records. She is a 63-year-old, single, Caucasian female with 16 years of education and mixed dominance (right-handed for writing).

**Presenting Problems:** Ms. Jones reported the gradual onset of cognitive difficulties two years ago. Specifically, she noted problems with recall of recent events and conversations, recall of intentions, and name recall. She has forgotten to lock her doors and has turned the wrong way in a hallway at work, becoming momentarily mixed up. Ms. Jones writes things down and uses a calendar to manage her cognitive difficulties. She indicated no difficulties with medication dispensation, financial management tasks, cooking, driving, or other instrumental activities of daily living.

She denied current mood symptoms. She identified work as her most significant current stressor. There appears to be no indication of hallucinations or delusions.

Sleep maintenance is sometimes problematic. However, her energy level is good. Ms. Jones began treatment with Mounjaro two months ago; she has lost approximately 5 pounds since then.

**Medical History:** Her medical history includes hypertension, hyperlipidemia, diabetes, corrected hearing loss, glaucoma, obesity, hypothyroidism, breast cancer (2025), lung nodule, lichen planus, lichen sclerosus, vitamin D deficiency, premature ventricular contractions, and seborrheic dermatitis. She sustained a brief loss of consciousness in childhood when she fell off the monkey bars; no persistent problems were reported.

Surgeries/procedures: left lumpectomy, right ACL repair, and appendectomy.

Current medications/supplements: Seroquel, Geodon, Benicar, hydrochlorothiazide, metformin, letrozole, latanoprost, levothyroxine, Lipitor, and Mounjaro.

Substance use: Ms. Jones reported no current alcohol consumption, with no history of significant use. She denied a history of nicotine and recreational drug use.

Family history: Her father passed away at age 77; his medical history included diabetes, heart disease, and myasthenia gravis. Her mother died at age 70; she had diabetes, heart disease fibromyalgia, and osteoarthritis. Family history includes dementia in a maternal aunt.

**Mental Health History:** She has a history of depressive and anxiety symptoms for which she underwent psychiatric hospitalization in 1990 after presenting to the ER thinking that she was having a stroke. Ms. Jones has experienced suicidal ideation, most recently in the 1990s. She was diagnosed with Bipolar Disorder in her 40s. She reported a brief period of manic-type symptoms a month ago when she was unusually productive. She has also had racing thoughts and distractibility. Ms. Jones is currently treated with Seroquel and Geodon. She participated in psychotherapy in the past.

**Educational History:** She obtained a bachelor's degree in accounting and data processing from the University of Arkansas. She has earned CPA and CMA certifications. She participated in speech therapy in elementary school for articulatory difficulties. Ms. Jones reported earning A level grades, with no history of learning problems.

**Occupational History:** She works full-time in oil and gas accounting.

**Social History:** Ms. Jones was raised mostly in Arkansas. She is single with no children. She currently resides alone in Spring, TX.

**Behavioral Observations:**

Ms. Jones presented as a casually dressed, well-groomed woman. Hearing and vision (corrected) appeared adequate for the purposes of the evaluation. Gait and other gross motor behaviors appeared normal. She presented as a good historian who was fully oriented. Conversational speech was fluent. Mood appeared euthymic and affect was broad. At times, she appeared to give

up easily but was usually responsive to prompting. She performed normally on embedded measures of performance validity. Thus, the present results are believed to provide an accurate representation of Ms. Jones's current level of neuropsychological functioning.

**Results:**

**Intellectual:** On a short form of the WAIS-IV, she obtained a General Ability Index of 117, which falls within the high average range. Index scores were as follows: Verbal Comprehension – 114 (high average) and Perceptual Reasoning – 115 (high average). On specific subtests, construction of abstract block designs, visual pattern analysis, verbal abstraction, and expressive vocabulary were high average.

**Academic:** Oral word reading was average.

**Language:** Visual object naming was error-free (average). Controlled oral verbal fluency was below average to phonemic criteria but average to semantic criteria.

**Visuospatial/Constructional:** Judgment of angular line relations was above average. Ms. Jones's copy of a complex geometric design was within normal limits.

**Attention/Working Memory:** Immediate recall of orally presented number sequences was above average for forward order and average for reverse order and numerical sequencing.

**Processing Speed:** Speed of visuoperceptual scanning and discrimination was above average.

**Learning and Memory:** Immediate recall of unstructured verbal material (12-word list) was average for total word recall across three trials (7, 9, and 11 words, respectively). After a 20-minute delay, Ms. Jones recalled 11 words from the list, which was high average for both absolute level of recall and when indexed against immediate recall performance. Delayed word recognition was average (11 hits, 0 false positives).

Immediate recall of structured verbal material (stories) was low average. Delayed recall was low average for absolute level of recall and average when indexed against immediate recall performance. Delayed recognition was within normal limits.

Immediate recall of geometric figures was average. Delayed recall was average for both absolute level of recall and when indexed against immediate recall performance. Delayed figural recognition was error-free.

**Executive Functions:** Speed of visual-graphomotor tracking was average for a simple (numerical order) sequence and high average for a complex (alternating number-letter) sequence. Speed of rote color naming and word reading was above average. Response inhibition was high average for both speed and accuracy. Ms. Jones's ability to alternate between response inhibition and release (cognitive flexibility) was above average for speed and high average for 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 response set and high average for the ability to shift response set.

**Motor Functions:** Fine motor dexterity (placing pegs into holes) was low average for the right hand and average for the left hand. Of note, Ms. Jones has mixed dominance; she writes with her right hand and performs all other activities with her left hand.

**Mood/Behavior:** Ms. Jones's self-report of depressive symptoms (PHQ-9) was within normal limits, as was her self-report of anxiety symptoms (GAD-7).

On the MMPI-2 RF, individuals with similar validity scale configurations show a tendency to respond "true" to items regardless of content, such that the obtained profile should be interpreted with some caution. Those with similar substantive scale elevations typically present with multiple specific fears of certain animals and acts of nature.

**Impression:** Cognitive Impairment Ruled Out  
Bipolar I Disorder, In Partial Remission

Ms. Jones demonstrated no areas of impairment. An isolated relative weakness was noted in phonemic fluency.

She demonstrated relative strengths in processing speed, simple attention, construction of abstract block designs, visual pattern analysis, visuospatial judgment, expressive vocabulary, verbal abstraction, complex visual-graphomotor tracking, response inhibition, and cognitive flexibility. Her performance ranged from high average to above average across these tasks. Her performance was within normal limits across tasks assessing working memory, oral word reading, confrontation naming, semantic fluency, complex visuoconstruction, memory for structured (stories) and unstructured (rote list learning) verbal material, visual memory, novel problem solving, and bilateral fine motor dexterity.

Ms. Jones did not endorse significant mood symptoms.

In sum, the present findings indicate a single marginally low score, which is not judged to be clinically significant. Ms. Jones's neuropsychological performance was within normal limits across all other areas assessed. In fact, she demonstrated several areas of relative strength ranging from high average to above average. Thus, these results indicate that she is a cognitively healthy individual, with no current evidence of cerebral dysfunction impacting cognition.

**Recommendations:**

1. Ms. Jones should continue to use compensatory strategies to help manage any cognitive inefficiencies in her daily life, including written lists, calendars, electronic reminder systems, and smartphone apps.
2. Participation in regular physical exercise, as tolerated, is recommended for its beneficial effects on brain health, mood, and cognitive maintenance.

3. The present data will serve as a baseline to which findings from any future evaluations may be compared.

Dr. Javanshir, thank you very much for this kind referral. If I may be of further assistance, please contact me at 713-893-7105.

*Lynne C. Davis*

Lynne C. Davis, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 6/30/2026

*\*\*\*Billing note: Technician (Natalia Ponton, BS) performed face-to-face neuropsychological testing for 4 hours (96138 x 1; 96139 x 7). I interviewed the patient via telehealth, reviewed medical records, integrated all information, and composed the report in its entirety, for a total of 4 hours (96132 x 1; 96133 x 3).*