

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

NAME: Marie Monroe

REFERRAL SOURCE: Angelica Miller, FNP-C

DATE OF BIRTH: 02/01/1951 (75)

DATE OF EXAM: 06/24/2026

REASON FOR REFERRAL

Angelica Miller, FNP-C, referred Ms. Monroe 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. Monroe and her husband, along with a review of available medical records. Ms. Monroe is a 75-year-old, right-handed, married, Caucasian female with 14 years of education.

Presenting Problem: Ms. Monroe presented for a neuropsychological evaluation due to concerns about cognitive decline. While she reported experiencing difficulties over the past six to twelve months, her husband noted observing a gradual, progressive decline over the past one to two years. Specifically, they described memory loss (e.g., forgetting names and appointments, misplacing items, repeating herself, and asking others to repeat information) and reduced processing speed.

Functionally, Ms. Monroe continues to perform basic self-care tasks independently. Regarding instrumental activities of daily living, she generally cooks without difficulty, though her husband noted an isolated incident where she forgot to turn off a burner on the stove. Ms. Monroe ceased driving approximately 45 to 50 years ago upon moving to Houston, relying instead on bicycles, the bus, or others for transportation. While she believed her ability to manage her medications remained intact, her husband reported an increase in missed and duplicated doses starting approximately four months ago. Consequently, he instituted a pillbox and provides daily prompts, which has mitigated the issue. Ms. Monroe and her husband indicated that she can perform household chores without difficulty. Her husband assumed management of their finances approximately ten years ago for reasons unrelated to cognitive decline.

From an emotional standpoint, Ms. Monroe endorsed only situational depression and anxiety, which her husband corroborated. She denied suicidal ideation or symptoms suggestive of psychosis. Her weight, sleep, and energy level are reportedly stable.

MEDICAL HISTORY

Ms. Monroe's medical history is significant for allergic rhinitis, asthma, hypercholesterolemia, osteoporosis, and prediabetes.

Diagnostic Tests & Imaging: A CT of the brain without contrast (04/01/2026) revealed globally and symmetrically prominent sulci and ventricles, consistent with diffuse age-related volume loss and cerebral atrophy. There was no acute parenchymal hemorrhage or evidence of a recent cortical infarct.

Surgeries: Ms. Monroe's surgical history includes bilateral cataract surgery, a cesarean section, and colonoscopies with biopsies and polypectomies.

Current Medications: Her medication regimen includes albuterol, alendronate sodium, fluticasone propionate, fluticasone-salmeterol, prednisone, simvastatin, and vitamin D₃.

Substance Use: Ms. Monroe reported a long-standing history of routine alcohol use, consuming one beer daily and often one to two glasses of wine with dinner. She also smoked cigarettes briefly in high school. She denied a history of recreational drug abuse.

Family History: Ms. Monroe reported that her mother had hypertension and dementia (suspected Alzheimer's disease) and resided in a memory care unit before passing away at age 85. Her father had a history of diabetes and memory problems (suspected dementia); he also passed away at age 85. Ms. Monroe reported having two full siblings, three maternal half-siblings, and two paternal half-siblings, as well as 15 stepsiblings. While she described them as being generally healthy, her husband noted that one of her paternal half-brothers has a history of heart disease.

MENTAL HEALTH HISTORY

Ms. Monroe denied a history of past or present mental health treatment.

EDUCATIONAL HISTORY

Ms. Monroe completed 14 years of formal education, earning an associate's degree in social sciences. She described herself as being an "A-B" student. She denied ever receiving special education services, grade retention, or being diagnosed with a specific learning disorder.

OCCUPATIONAL HISTORY

Ms. Monroe was employed as a secretary and administrative assistant for 40 to 45 years. She retired approximately eight years ago.

SOCIAL HISTORY

Ms. Monroe was born and raised in Montana and is a monolingual English speaker. She has been married twice. Her first marriage lasted approximately three to five years and ended in divorce. She has been married to her current husband for 44 years. Ms. Monroe has three children: one from each marriage, and a third child whom she placed for adoption during high school. She currently resides with her husband in Houston, Texas.

BEHAVIORAL OBSERVATIONS

Ms. Monroe arrived promptly and was accompanied by her husband. She was appropriately dressed, well-groomed, and ambulated without assistance. Her vision (corrected) and hearing were adequate for testing purposes. Her speech was significant for occasional word-finding pauses. Ms. Monroe reported that her mood was "fine," and her affect was consistent with conversational content. Throughout the evaluation, she exhibited signs of rapid forgetting. Overall, she was pleasant and cooperative, demonstrating good engagement 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 & her husband
Mini Mental State Examination (MMSE)
Wide Range Achievement Test – 5th Edition, Word Reading
Wechsler Adult Intelligence Scale – IV, selected subtests
Wechsler Memory Scale – IV, selected subtests
Hopkins Verbal Learning Test – Revised
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
Trail Making Test
Delis-Kaplan Executive Function System, selected subtests
Modified Wisconsin Card Sorting Test
Beck Anxiety Inventory
Geriatric Depression Scale

NEUROPSYCHOLOGICAL FUNCTIONING

Mental Status: Ms. Monroe obtained a score of 21 out of 30 on the MMSE. She was disoriented to time (year, month, day, and date) and place (county and building). She was also unable to recall any of the three words after a delay.

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

Attention & Processing Speed: Digit repetition was low average, while digit reversal and sequencing were average. Speeded rote color naming and speeded rote word reading were also average. Number and symbol transposition was high average; however, speeded visual graphomotor tracking of a numerical sequence was below average.

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

Language: Expressive vocabulary was high average. Phonemic fluency was low average, and semantic fluency was below average. Confrontation naming was exceptionally low.

Visuospatial/Construction: Visual organization of abstract block designs was average. Visuospatial judgment was low average, and complex figure construction was below average.

Motor Functioning: Fine motor dexterity was average bilaterally.

Executive Functioning: Nonverbal abstraction was high average, and verbal abstraction was average. Response inhibition speed and accuracy were average; however, her performance on a similar measure with set-shifting was exceptionally low for both speed and accuracy. Her ability to establish and switch novel sets was below average. Speeded visual-graphomotor tracking of an alternating alphanumeric sequence was low average, and she did not commit any errors.

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

SUMMARY

Ms. Monroe was referred for this evaluation to assess for objective evidence of cognitive decline. Her current neuropsychological profile revealed impairments in memory (immediate learning, delayed recall, and recognition across verbal modalities, as well as delayed visual memory), language (confrontation naming and semantic verbal fluency), complex figure construction, and executive functioning (set-shifting, as well as establishing and switching novel sets). Her performance on one measure of processing speed was also below average. Low average scores were evident in digit repetition, immediate visual memory, phonemic verbal fluency, visuospatial judgment, and speeded visual-graphomotor tracking of an alternating alphanumeric sequence. Her performance across the remainder of the evaluation was within normative expectations. On measures of mood, Ms. Monroe reported minimal distress.

In sum, Ms. Monroe's test results reflect a decline relative to same-aged peers and her estimated premorbid level of functioning. Based on her cognitive profile and the reported functional changes, a diagnosis of dementia is warranted. Given her overall presentation, an underlying Alzheimer's disease process is strongly suspected. However, an additional contribution from a cerebrovascular etiology cannot be entirely ruled out.

Impressions: Probable Dementia Due to Alzheimer's Disease, Mild Severity

Recommendations:

1. Ms. Monroe may benefit from assistance when making complex medical, financial, and legal decisions. Responsible parties are encouraged to verify that documentation, such as a durable power of attorney, medical power of attorney, and an advance directive, is in order. This ensures that her wishes will be considered in future decision-making processes.
2. Given her cognitive deficits, a family member or trusted associate should accompany her to all medical appointments and other important meetings. Providing information in written form may be helpful so that she can refer to it later.
3. Based on her current cognitive profile, she will likely benefit from assistance and supervision to maintain adequate self-care. If appropriate supervision cannot be arranged for her at home, then it is recommended that she consider alternative living arrangements where she can receive the necessary support.
 - a. *Financial & Medication Management:* It is recommended that Ms. Monroe receive assistance with and supervision of these tasks. Additional compensatory techniques that may prove useful include the continued use of automatic bill payment, detailed notes, reminders, and pillboxes.
 - b. *Driving & Operating Machinery/Appliances:* Given her dementia diagnosis, driving cessation remains the safest course of action. Additionally, she would benefit from supervision when attempting to operate potentially dangerous appliances (e.g., oven, stove, or iron).
 - c. *Misplacement of Items:* Ms. Monroe would benefit from identifying a central, visible location in her home to store all of her daily necessities (e.g., keys, glasses, and wallet).
 - d. *Planning/Organization:* Ms. Monroe may benefit from the use of a calendar or organizer in order to better keep track of necessary information (e.g., telephone numbers and medical appointments). Additionally, she may benefit from breaking down complex tasks into manageable parts to reduce frustration. Daily routines and structure are strongly encouraged.
 - e. *Emergencies:* It would be helpful for Ms. Monroe to have important telephone numbers programmed into her cell phone or written in her daily planner. This will ensure that she can easily contact people when desired or needed (e.g., family, police, and fire department).
4. She would benefit from participating in social and physical activities. Routine activity and social interaction will be essential to maintaining good health and reducing social withdrawal.
5. Additional resources for Ms. Monroe and her family/friends (i.e., caregivers) can be found online at <http://www.ninds.nih.gov/> and <http://www.alz.org/>.

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: 06/24/2026