

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

NAME: Sharon Peebles

REFERRAL SOURCE: Angelica Miller, FNP-C

DATE OF BIRTH: 04/23/1945 (81)

DATE OF EXAM: 06/22/2026

REASON FOR REFERRAL

Angelica Miller, FNP-C, referred Ms. Peebles 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. Peebles and her partner, Ms. LeeAnn Coffen, along with a review of available medical records. Ms. Peebles is an 81-year-old, right-handed, single Caucasian female with 19 years of formal education.

Presenting Problem: Ms. Peebles initially seemed uncertain of her reason for referral but eventually noted it was for a “cognitive test.” When asked questions about her cognition, she reported experiencing memory loss (e.g., forgetting names), poor decision-making, reduced processing speed, and impaired visuospatial skills over the past year. Ms. Coffen concurred with her reported symptoms but added that she exhibited word retrieval problems and perseverative tendencies (e.g., fixation on various tasks). She also provided additional examples of Ms. Peebles’ memory difficulties, including forgetting appointments, misplacing items, repeating herself, and asking others to repeat information. Of note, Ms. Coffen reported that Ms. Peebles’ symptoms initially manifested a couple of years ago, but were accelerated by a fall down the stairs one year prior that resulted in a back injury and mild concussion. Over the past three months, she observed further progression.

Functionally, Ms. Peebles reported that she manages basic activities of daily living adequately with physical assistance. Ms. Coffen corroborated this, but added that Ms. Peebles also forgets certain self-care tasks entirely (e.g., changing clothes). Regarding instrumental activities of daily living, both observed declines in household chores, which Ms. Peebles attributed to amotivation. Financial management remains stable, mitigated by automatic bill drafting. Ms. Peebles ceased driving entirely one year ago after finding a new vehicle overwhelming, and Ms. Coffen now manages all transportation. Finally, medication management remains intact, which Ms. Coffen attributed to strict adherence to a pillbox routine.

From an emotional standpoint, Ms. Peebles endorsed a history of depression and anxiety, feeling that ongoing treatment has successfully alleviated her symptoms. In contrast, her partner indicated that these psychiatric manifestations have worsened over time. Both noted an increase in irritability and frustration. Ms. Peebles denied suicidal ideation or symptoms suggestive of psychosis. Her weight remains stable. She indicated that her sleep onset is adequate, but sleep maintenance is poor due to nocturia. Consequently, Ms. Peebles denied feeling rested upon waking, and her overall daytime energy level is characterized as low.

MEDICAL HISTORY

Ms. Peebles’ medical history is significant for hypertension, hyperlipidemia, hypothyroidism, diverticulosis, psoriatic arthritis, psoriasis, and scoliosis. Additionally, she sustained a concussion approximately one year ago after falling 12 feet down a flight of stairs, resulting in a brief loss of consciousness of less than one minute. She was transported via emergency medical services to a Level I trauma center, observed for 10 hours, and discharged without surgical intervention; the incident reportedly exacerbated her underlying back problems and cognitive difficulties.

Diagnostic Tests & Imaging: A CT scan of the brain without contrast (07/07/2025) revealed no acute intracranial hemorrhage or calvarial fracture. The primary impression documented generalized parenchymal volume loss alongside a few scattered chronic microvascular ischemic changes.

Surgeries: Ms. Peebles' surgical history includes back surgery (Harrington rod insertion), bilateral extracapsular cataract extraction with intraocular lens placement, colonoscopies with polypectomy, tonsillectomy, and a vaginal hysterectomy.

Current Medications: Her current medication regimen includes alendronate sodium, amlodipine besylate, atorvastatin calcium, celecoxib, leucovorin calcium, levothyroxine sodium, methotrexate sodium, and sertraline HCl.

Substance Use: Ms. Peebles endorsed a remote history of tobacco use (ages 16 to 35) and recreational marijuana use. She denied a history of alcohol abuse or other illicit drug use.

Family History: Her mother had hypertension and died of natural causes at age 93. Her father had a history of heart disease, and he died of an aortic aneurysm at age 74. Her brother, also deceased, had a history of heart disease, hypertension, hypercholesterolemia, and pancreatic cancer. Additionally, Ms. Peebles indicated that her paternal and maternal grandmothers developed dementia (unspecified type) and two maternal aunts developed Alzheimer's disease.

MENTAL HEALTH HISTORY

Ms. Peebles' prior mental health treatment included participating in outpatient psychotherapy for 2 to 3 years during her 20s. She also endorsed management with psychiatric medications for the past 20 to 30 years, and her records confirm an active prescription for sertraline.

EDUCATIONAL HISTORY

Ms. Peebles completed 19 years of formal education. She earned a bachelor's degree in English from Baylor University before attaining a Doctorate of Jurisprudence (J.D.) from the University of Houston. She described herself as an "A-B" student. She specifically denied a history of grade retention, learning disorders, or special education services.

OCCUPATIONAL HISTORY

Ms. Peebles worked as a real estate and finance attorney from the 1980s until her retirement at age 70.5.

SOCIAL HISTORY

Ms. Peebles was born and raised in Waco, Texas, and is a monolingual English speaker. She is unmarried but has maintained a committed domestic partnership for the past 22 years. She has one adopted stepdaughter. Ms. Peebles currently lives with Ms. Coffen in Houston, Texas.

BEHAVIORAL OBSERVATIONS

Ms. Peebles arrived promptly and was accompanied by Ms. Coffen. She was appropriately dressed, well-groomed, and ambulated with a cane. Her vision (corrected) and hearing were adequate for testing purposes. Her speech was within normal limits. Ms. Peebles reported that her mood was "fine," although her affect was relatively blunted. Throughout the evaluation, she manifested signs of impulsivity, frequently commencing tasks prematurely. 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 partner

Mini Mental State Examination (MMSE)
Wide Range Achievement Test – 5th Edition, Reading

Wechsler Adult Intelligence Scale – IV, selected subtests
Wechsler Memory Scale – IV, selected subtests
Hopkins Verbal Learning Test – Revised
Repeatable Battery for the Assessment of Neuropsychological Status, selected subtests
Neuropsychological Assessment Battery, Naming
Controlled Oral Word Association Test

Animal Fluency Test
Finger Oscillation 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. Peebles obtained a score of 24 out of 30 on the MMSE. She was unable to identify the city, complete an attentional task, follow a multistep command, or copy a design.

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

Attention & Processing Speed: Performance across digit repetition, reversal, and sequencing was average. Speeded rote word reading was also average, whereas speeded rote color naming was exceptionally low. Similarly, speeded visual graphomotor tracking of a numerical sequence was exceptionally low. In contrast, number and symbol transposition was low average.

Learning & Memory: Word list learning was average, while both delayed list recall and list recognition memory were high average. Immediate and delayed story memory were high average, and story recognition memory was within normal limits. Immediate and delayed visual memory were average, and visual recognition memory fell within normal limits.

Language: Expressive vocabulary and confrontation naming were average. However, phonemic and semantic verbal fluency were exceptionally low.

Visuospatial/Construction: Visuospatial judgment fell within normal limits. Conversely, complex figure construction was exceptionally low, and visual organization of abstract block designs was below average.

Motor Functioning: Fine motor speed was low average in the dominant hand and below average in the non-dominant hand.

Executive Functioning: Ms. Peebles was unable to complete a speeded visual graphomotor tracking task involving an alternating number-letter sequence due to difficulty adhering to task demands. Response inhibition speed was exceptionally low, as she was unable to complete the task within the allotted time; she committed 1 error prior to task discontinuation. Set-shifting speed was exceptionally low, whereas set-shifting accuracy was average. She also attempted a novel card sorting task requiring learning and strategy modification in response to feedback. Her ability to establish novel sets was exceptionally low, but her ability to switch sets was low average. Nonverbal abstraction was average, whereas verbal abstraction was low average.

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

SUMMARY

Ms. Peebles was referred for this evaluation to assess for objective evidence of cognitive decline. Her current neuropsychological profile revealed impairments in aspects of processing speed, verbal fluency (semantic and phonemic), visuospatial skills (construction and organization), fine motor speed in the non-dominant hand, and executive functioning (response inhibition, set-shifting, cognitive flexibility, and establishing novel sets). Low

average scores were evident in number and symbol transposition, verbal abstraction, switching novel sets, and fine motor speed in the dominant hand. Importantly, her memory consolidation and retention across immediate learning, delayed recall, and recognition (spanning both verbal and visual modalities) remained remarkably well-preserved, falling entirely within the average to high average range. Her performance across the remainder of the evaluation also fell within normative expectations. On brief self-report measures of mood, Ms. Peebles endorsed mild symptoms of anxiety and depression.

In sum, Ms. Peebles' test results reflect cognitive decline relative to same-aged peers and her estimated above average premorbid level of functioning. Based on her cognitive profile and the reported functional changes, a diagnosis of dementia is warranted. At this time, her performance pattern is indicative of frontal subcortical systems dysfunction, most consistent with a cerebrovascular etiology (vascular dementia). Furthermore, the clinical trajectory corroborated by her partner indicates that her history of a mild concussion 1 year prior may also be contributing to her cognitive presentation. While mild psychological symptoms and sleep disturbance may slightly influence her day-to-day efficiency, the severity of her deficits indicate a primary neurological etiology. Notably, her test results are not consistent with an Alzheimer's disease process, given her fully intact memory performance.

Impressions: Probable Vascular Dementia, Mild to Moderate
Major Depressive Disorder, Recurrent, Mild, with Anxious Distress

Recommendations:

1. Ms. Peebles 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 care plan, is in order. This ensures that her wishes will be considered in future decision-making processes.
2. Based on her current cognitive profile, she will likely benefit from assistance and supervision to ensure adequate care for herself. If appropriate supervision cannot be arranged for her at home, then it is recommended that she consider alternative living arrangements where she can receive adequate support.
 - a. *Basic Self-Care Tasks:* Ms. Peebles may continue to benefit from physical assistance and prompts to perform basic activities of daily living.
 - b. *Fall Precautions & Mobility:* She currently utilizes a cane when ambulating. It is recommended that her living environment be assessed for fall risks (e.g., securing loose rugs, ensuring adequate lighting, and installing grab bars in the bathroom). Utilization of a medical alert device is also advised.
 - c. *Financial & Medication Management:* It is recommended that Ms. Peebles have assistance with and supervision of these tasks. Additional compensatory techniques that may prove useful include automatic bill payment, detailed notes, reminders, and the use of pillboxes.
 - d. *Driving & Operating Machinery/Appliances:* Given her dementia diagnosis, driving cessation remains encouraged. She would also benefit from supervision when attempting to operate potentially dangerous appliances such as an oven, stove, or iron.
 - e. *Misplacement of Items:* Ms. Peebles would benefit from identifying a central, visible location in her home to store all of her daily necessities (e.g., keys, glasses, and wallet).

- f. *Planning/Organization*: Ms. Peebles may benefit from the use of a calendar or organizer in order to better maintain necessary information (e.g., telephone numbers and medical appointments). Additionally, she may benefit from breaking complex tasks down into manageable parts to reduce frustration. Daily routines and structure are strongly encouraged.
 - g. *Emergencies*: It would be helpful for Ms. Peebles to have important telephone numbers programmed in her cell phone or written in her daily planner. This will allow her to contact people when desired or needed (e.g., family, police, and fire department).
3. Ms. Peebles reported mild emotional distress on mood questionnaires. She is encouraged to consult with her prescribing physician about her symptoms, as a reevaluation of her current psychotropic medication might be useful.
 4. She is encouraged to continue 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. Peebles and her family/friends (i.e., caregivers) can be found online at <http://www.ninds.nih.gov/>, <http://www.stroke.org/>, 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: 06/22/2026