

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

NAME: Mary Prejean

REFERRAL SOURCE: Angelica Miller, FNP-C

DATE OF BIRTH: 03/13/1953 (73)

DATE OF EXAM: 06/18/2026

REASON FOR REFERRAL

Angelica Miller, FNP-C, referred Ms. Prejean 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. Prejean and her son, as well as a review of available medical records. Ms. Prejean is a 73-year-old, right-handed, single, African American female with 12 years of education.

Presenting Problem: Ms. Prejean presented for evaluation due to concerns regarding cognitive decline. She reported that the onset of her cognitive difficulties was in February 2026; however, her son indicated that her memory loss has been progressive over the past two to three years, with a notable decline since December or January. Both Ms. Prejean and her son endorsed significant impairments in her memory, noting that she frequently misplaces items, forgets names and appointments, repeats herself, and asks others to repeat information. Furthermore, they corroborated impairments in decision-making, word retrieval, processing speed, and visuospatial abilities. Ms. Prejean added that she also struggles with distractibility, although her son had not noticed any changes in her attention.

Functionally, Ms. Prejean stated that she requires reminders for basic self-care tasks due to forgetfulness. Regarding instrumental activities of daily living, others currently prepare her meals, as she reportedly lacks the desire to cook and has a decreased appetite. Her sister completes the household chores, which Ms. Prejean said was due to her lack of energy. Her son has handled her financial affairs for the past year and a half due to her forgetfulness and a history of mismanaging her funds (e.g., giving away money). Although both Ms. Prejean and her son characterized her driving ability as intact, she has not driven in two years due to anxiety regarding the roads and the loss of her vehicle (which was related to financial matters). Her sister currently fills her medication boxes, and Ms. Prejean requires reminders to take them; however, her son noted that her non-adherence also stems from a reluctance to take them rather than merely forgetting.

From an emotional standpoint, Ms. Prejean acknowledged intermittent depression throughout her life, which her son noted worsened a decade ago following her father's passing. Additionally, she endorsed a history of anxiety that has progressively worsened over time. Ms. Prejean denied any suicidal ideation. Conversely, she endorsed symptoms of psychosis, specifically auditory hallucinations of her deceased mother's voice. Her son corroborated these symptoms, reporting a three-year history of hallucinations and delusions, including beliefs that witches or angels are in her house and that individuals from videos are physically present and attempting to control her.

Lastly, Ms. Prejean reported a 30- to 45-pound weight loss over a 30-day period in December, which she attributed to health complications and a lack of appetite. Her sleep onset and maintenance are reportedly adequate with the use of medication, though she does not always feel rested upon waking. Notably, she characterized her overall energy levels as poor.

MEDICAL HISTORY

Ms. Prejean's medical history is significant for acquired hypothyroidism, acquired lymphedema, breast cancer (treated via surgical intervention and chemotherapy), cervical/uterine cancer (treated via surgical intervention,

chemotherapy, and radiation therapy), diabetes, diverticulosis, eczema, essential hypertension, gallstones, hypercholesterolemia, osteopenia, and shingles. She also noted that she was hospitalized for nearly two months earlier this year due to severe “blood poisoning” and a urinary tract infection. Additionally, records indicated a history of multiple falls and unsteadiness when standing or walking.

In approximately 2020, she fell and sustained a head injury with a loss of consciousness of unknown duration. She was evaluated at the hospital and admitted overnight for observation. She was reportedly diagnosed with a concussion, though no persistent cognitive sequelae were evident afterward.

Diagnostic Tests & Imaging: A CT scan of the brain without contrast (12/30/2025) revealed no acute intracranial abnormality. However, it did identify diffuse parenchymal volume loss and scattered subcortical and periventricular non-specific white matter hypodensities suggestive of microangiopathy.

Surgeries: Ms. Prejean's surgical history includes a biopsy/excision of a deep axillary lymph node, cesarean delivery, colonoscopies with biopsy, excision of a breast lesion with preoperative placement of a radiological marker, left distal radial extra-articular fracture/epiphyseal separation open treatment, left knee replacement, lumpectomy, oophorectomy, simple complete mastectomy, transoral esophagogastroduodenoscopy with biopsy, unlisted breast procedure, and a vaginal hysterectomy.

Current Medications: Her medication regimen includes clindamycin, levothyroxine sodium, lisinopril, metformin, quetiapine, sertraline, simvastatin, and venlafaxine.

Substance Use: Ms. Prejean denied a history of alcohol, nicotine, or recreational drug abuse.

Family History: Ms. Prejean's mother had a history of metastatic thyroid cancer that spread to the lungs, lymph nodes, and brain. She also had a stroke, coronary arterial disease, diabetes, and hypertension; she died at age 93. Her father had Alzheimer's disease and glaucoma and died in his 80s. Ms. Prejean has three brothers and one sister. Her oldest brother had bone marrow cancer, a second brother had bladder and prostate cancer, and another brother died from a heart attack. Her sister has a history of diabetes, hypercholesterolemia, hypertension, and liver disease. Of note, her maternal grandfather also had Alzheimer's disease.

MENTAL HEALTH HISTORY

Ms. Prejean reported engaging in psychotherapy and being prescribed psychiatric medications for the past three months.

EDUCATIONAL HISTORY

Ms. Prejean completed 12 years of formal education, earning a high school diploma. She described herself as an “average” student. She denied a history of learning disorders, special education services, or grade retention.

OCCUPATIONAL HISTORY

Ms. Prejean was employed in the accounting department at a credit union for 16 years. She retired from her career following a cancer diagnosis in 2008.

SOCIAL HISTORY

Ms. Prejean was born and raised in Houston, Texas. Her primary language is English. She reported that she has never been married and has one child. She currently resides in her own home in Houston, Texas, where she receives daily supervision and assistance from her sister and son.

BEHAVIORAL OBSERVATIONS

Ms. Prejean arrived promptly and was accompanied by her son. She was appropriately dressed, well-groomed, and ambulated with a cane. Her vision (corrected) and hearing were adequate for testing purposes. Her speech was significant for occasional word-finding difficulties. When asked about her mood, she commented, “I don't

know.” Her affect was dysthymic and anxious, and she was periodically tearful. Throughout the evaluation, she exhibited signs of dysexecutive functioning. For instance, she was somewhat impulsive and struggled with initiation, planning, and organization. She also had difficulties comprehending test instructions, requiring clarifications and simplifications. 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 son
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. Prejean obtained a score of 23 out of 30 on the MMSE. She misidentified the county and building. She was also unable to complete an attentional task, repeat a phrase, write a sentence, and copy a design.

Attention & Processing Speed: Digit repetition was below average, and digit reversal was exceptionally low. Performance on a measure of number and symbol transposition was also exceptionally low. Speeded visual-graphomotor tracking for a numerical sequence was below average. Speeded rote word reading and color naming were exceptionally low.

Learning & Memory: Word list learning and delayed recall of the same word list were below average. Her list recognition memory fell in the low average range. Her performance on a measure of immediate story memory and delayed story memory was average, and her story recognition memory fell within normal limits. On visual memory measures, her immediate and delayed visual memory, as well as her visual recognition memory were exceptionally low.

Language: Single-word reading and expressive vocabulary were below average. Confrontation naming was exceptionally low. In contrast, phonemic verbal fluency was average, while semantic verbal fluency was low average.

Visuospatial/Construction: Visuospatial judgment, visual organization of abstract block designs, and complex figure construction were all exceptionally low.

Motor Functioning: Fine motor dexterity was exceptionally low with her dominant hand and below average with her nondominant hand.

Executive Functioning: Nonverbal and verbal abstraction were below average. Speeded visual-graphomotor tracking for an alternating number-letter sequence was exceptionally low, as she was unable to complete the task within the allotted time. She had committed one error by the time it was discontinued. Response inhibition was exceptionally low for speed and below average for accuracy. On a similar measure with the additional demand of set-shifting, she could not complete the task within the allotted time (exceptionally low) and had made seven errors prior to discontinuation (low average). She also attempted a measure of novel card sorting that required

learning and strategy modification in response to feedback. She established the first set but was unable to shift approach thereafter. Ultimately, the test was discontinued.

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

SUMMARY

Ms. Prejean was referred for this evaluation to assess for objective evidence of cognitive decline. Her current neuropsychological profile revealed significant impairments in attention and working memory, processing speed, rote verbal memory (learning and recall), visual memory (learning, recall, and recognition), language (single-word reading, expressive vocabulary, and confrontation naming), visuospatial skills (judgment, organization, and construction), bilateral fine motor dexterity, and executive functioning (abstraction, cognitive flexibility, response inhibition, establishing novel sets, and switching). Her performance across the remainder of the evaluation ranged from average to low average. On measures of mood, Ms. Prejean reported mild symptoms of anxiety and moderate symptoms of depression.

In sum, Ms. Prejean's test results reflect a decline relative to same-aged peers and her estimated premorbid level of functioning. Her cognitive profile and the reported functional changes indicate that a diagnosis of dementia is appropriate. Given her overall presentation, a mixed etiology involving both cerebrovascular disease and an Alzheimer's disease process is strongly suspected. Her profound deficits in processing speed and executive functioning are highly consistent with a vascular contribution, which is supported by her history of vascular risk factors (e.g., diabetes, hypertension, and hypercholesterolemia) and neuroimaging revealing scattered subcortical and periventricular non-specific white matter hypodensities. Concurrently, her deficits on two of three memory tasks, confrontation naming, and visuospatial construction, paired with her family history of Alzheimer's disease and imaging results of diffuse parenchymal volume loss, suggest that an additional contribution from an Alzheimer's disease process is likely. Lastly, Ms. Prejean noted that she was hospitalized in February for severe "blood poisoning" and a urinary tract infection; therefore, it remains prudent to rule out any reversible contributions to her presentation.

Given her history of hallucinations, repeated falls, and profound visuospatial and executive deficits, Dementia with Lewy Bodies (DLB) was considered as a differential diagnosis; however, the current absence of core parkinsonian features makes this etiology less likely at this time. Her reported hallucinations and delusions are likely related to underlying neurological factors, although her significant psychological distress could have contributed to some of these symptoms (e.g., auditory hallucinations of hearing her deceased mother's voice) as well. Moreover, while her mood symptoms may influence her testing performance and daily functioning, they are insufficient to account for the severity of her overall deficits.

Impressions: Probable Mixed Dementia, Moderate Severity, with Behavioral Disturbance
Major Depressive Disorder, Recurrent, Moderate, with Anxious Distress

Recommendations:

1. Ms. Prejean would 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. *Basic Self-Care Tasks:* She would continue to benefit from prompts and reminders to complete basic daily tasks.
 - b. *Fall Precautions:* Due to her history of falls and unsteadiness, a home safety evaluation is recommended to remove tripping hazards (e.g., loose rugs, clutter). Continued use of her mobility aids (cane and walker) is advised.
 - c. *Financial & Medication Management:* It is recommended that Ms. Prejean continue to receive assistance with and supervision of these tasks. Additional compensatory techniques that may prove useful include the use of automatic bill payment, detailed notes, reminders, and pillboxes.
 - d. *Driving & Operating Machinery/Appliances:* Given her overall presentation, 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).
 - e. *Misplacement of Items:* Ms. Prejean 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. Prejean 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.
 - g. *Emergencies:* It would be helpful for Ms. Prejean 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). Utilization of a medical alert device is advisable.
4. Ms. Prejean reported moderate depression and mild anxiety on mood questionnaires, as well as symptoms suggestive of psychosis. She is encouraged to consult with her psychiatrist about her residual emotional symptoms, as a reassessment of her current psychotropic medication would likely be helpful.
5. 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.
6. Additional resources for Ms. Prejean 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.

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Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/18/2026