Neuropsychological Evaluation

NAME:	Gerardo Sanchez	**GENDER:**	Male
DATE OF BIRTH:	04/16/1950 (76)	**HANDEDNESS:**	Right
DATE OF EXAM:	06/24/2026	**ETHNICITY:**	Hispanic
EDUCATION:	14	**MARITAL STATUS:**	Married
OCCUPATION:	Retired	**REFERRED BY:**	Beatriz Casas, PA-C

REASON FOR REFERRAL

Mr. Sanchez was referred for re-evaluation of cognitive functioning due to suspected cognitive decline. Results will elucidate his current level of cognitive, emotional, and behavioral functioning to inform diagnostic decision-making and treatment planning.

PRESENTING PROBLEMS

Mr. Sanchez previously completed a neuropsychological evaluation on May 20, 2025. The results yielded a diagnostic impression of Mild Cognitive Impairment - Amnestic, Multiple Domain type. His neurocognitive profile demonstrated moderate to severe deficits in verbal and visual memory, executive functioning (including sequencing, set-shifting, and cognitive inhibition), processing speed, and verbal fluency. Conversely, his attention, visuospatial abilities, abstract reasoning, and problem-solving skills remained intact. Emotionally, he denied significant symptoms of anxiety or depression at that time. Functionally, while he was largely independent in basic activities of daily living, collateral reports noted early declines in instrumental activities, such as missing exits while driving and requiring reminders for medication compliance.

During the current evaluation, Mr. Sanchez reported that he has not noticed any significant changes in his memory over the past year, though he admitted to being occasionally forgetful. He denied experiencing additional cognitive changes. His wife, who accompanied him to the appointment, reported that his cognitive functioning has remained relatively stable. However, she noted that he continues to repeat questions and forget conversations, particularly concerning immediate or short-term plans, such as when or where they are going. She observed that he misplaces items like his phone, but because he is highly organized and has a designated place for his belongings, he is typically able to find them independently.

Regarding emotional functioning, there are discrepancies between the patient's and his wife's reports. Mrs. Sanchez reported that he has been experiencing difficulty sleeping, anxiety, and some depression. In contrast, Mr. Sanchez denied feeling depressed or anxious. He reported that his sleep is comfortable, his appetite is adequate, and his energy levels are normal.

Functionally, he remains independent in basic activities of daily living. For instrumental activities, he continues to drive independently but avoids driving at night, restricting his travel primarily to close and familiar distances. Both he and his wife reported that they manage the household finances together, with Mr. Sanchez keeping track via a calendar. The patient and his wife reported that he is taking his medications independently.

MEDICAL HISTORY

Conditions: Mr. Sanchez's medical history is significant for hypertension, hypercholesterolemia, prediabetes, vitamin D deficiency, and cataracts. Recent laboratory results and clinical notes from April 2026 also noted mesenteric lymphadenopathy and lung nodules. During the interview, it was noted that he carries a diagnosis of diverticulosis, and he is scheduled for additional gastrointestinal testing in July.

<u>Surgeries:</u> Cholecystectomy and basal cell carcinoma excision.

<u>Imaging:</u> A brain MRI from 12/10/2024 was unremarkable.

<u>Current medications</u>: During the clinical interview, Mr. Sanchez stated that his doctor determined he did not need medication, and he reported not taking any prescription medication for his physical health conditions. He recently started taking a psychiatric medication prescribed by his mental health provider, but he could not remember the name.

<u>Substance use</u>: He is a former smoker who stopped smoking approximately one year prior to his 2025 evaluation after smoking for over 20 years. He stopped consuming alcohol over 25 years ago. He denied a history of recreational drug use.

<u>Family history</u>: His family history is significant for diabetes in both parents, prostate cancer in his father, dementia in his mother (onset in her 80s), and Alzheimer's disease in his father (onset in his 80s).

MENTAL HEALTH HISTORY
Mr. Sanchez has a documented history of depression and anxiety. He previously took sertraline for mood management for about three months last year, but discontinued it. During the current interview, his wife reported that he sees a provider via a telehealth platform and was recently prescribed 75mg of a medication (she could not remember the name) to help manage his anxiety. While his wife reported that he initially did not want to take it, Mr. Sanchez confirmed he has been taking the medication for the past week, though he has not yet noticed any changes in his mood or anxiety levels.

EDUCATIONAL HISTORY
He completed two years of university in Costa Rica. He denied a history of learning difficulties or grade retention. He reported speaking conversational English, but his dominant language is Spanish.

OCCUPATIONAL HISTORY
He is retired. He worked as a carpenter, an administrative assistant for Chase Bank, in the sorting department for USPS, and as an instructor at a private high school.

SOCIAL HISTORY
Mr. Sanchez was born and raised in Costa Rica and immigrated to the United States in 1986. He has been married since 1977 and has two sons and two daughters. He and his wife reside in Katy, Texas, and one of their daughters lives with them.

BEHAVIORAL OBSERVATIONS
Mr. Sanchez presented as an adequately groomed man. He was alert and fully oriented except for knowing his street address. His gait was unassisted, and his vision (corrected with glasses) and hearing were considered normal for testing purposes. Regarding gross motor functioning, a distinct action tremor was observed in his right hand. His speech and basic attention/concentration were within normal limits, and he maintained a pleasant mood throughout the examination. The examiner noted that he required occasional reminders during the session. Furthermore, he needed simplified instructions to successfully comprehend and complete a set shifting task. Overall, Mr. Sanchez appeared to put forth his best effort, and the current evaluation results are considered to provide a valid and accurate representation of his neuropsychological functioning.

TEST ADMINISTERED

Clinical Interview
Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)
WHO-UCLA Auditory Verbal Learning Test (Spanish)
Brief Test of Attention
Lexical Fluency (FAS-PMR) (Spanish)
Semantic Fluency (Animals-Fruits) (Spanish)
Rey Complex Figure Memory Test
Ponton-Satz Boston Naming Test
Symbol Digit Modality Test
Modified Wisconsin Card Sorting Test
Trail Making Test
Golden Stroop
Clock Drawing Test
Line Orientation (RBANS)
Logical Memory (WMS-IV Spanish)
Grip Strength
Escala de Aculturación Bidimensional
Escala de Dominancia Bilingüe
Geriatric Depression Scale (Spanish)
Generalized Anxiety Disorder (Spanish)

TEST RESULTS

The patient was interviewed in Spanish by a bilingual Neuropsychologist. A bilingual technician administered all objective tests in Spanish. The patient's cultural background (e.g., Spanish first language, born and raised in Costa Rica, years in the United States, level of acculturation, and level of educational attainment) was taken into consideration in interpreting his performance on the neuropsychological evaluation. Whenever possible, measures that have been developed and normed for Spanish-speaking individuals were utilized. If not available, the best available norms were used. With this caveat in mind, the major findings with respect to Mr. Sanchez's neurocognitive functioning are summarized below.

Acculturation and Language Dominance: On measures of linguistic dominance and bidirectional acculturation, the patient presents as dominant in Spanish, which he acquired during early childhood. In contrast, his exposure to and acquisition of English occurred significantly later in adulthood. If restricted to a single language for the remainder of his life, he indicated he would hypothetically choose Spanish. Despite this clear linguistic dominance, his bidirectional acculturation orientation is highly balanced and bicultural, reflecting strong, concurrent engagement with both Hispanic and Anglo cultures. He demonstrates a strong functional proficiency and comfort level with his secondary language; however, his primary language usage remains firmly rooted in Spanish across most daily functional domains, including his internal thoughts, social communication, and media consumption. Ultimately, these cultural and linguistic findings clinically justify the use of Spanish as the primary language for the current neuropsychological evaluation.

Attention/Concentration & Processing Speed: On a measure of auditory divided attention, the patient's performance was in the average range. Overall processing speed abilities were variable. Specifically, graphomotor processing speed on a symbol-digit substitution task was exceptionally low. Speed of visual-graphomotor tracking for a simple numerical sequence was low average. Speeded word reading was low average, while speeded color naming was high average.

Memory: Immediate recall of unstructured verbal material (15-word list) was in the exceptionally low range after five consecutive trials (0, 4, 5, 5, and 5 words, respectively). Immediate recall of the original list, following a distracter list, was exceptionally low (2/15 words). After a 20-minute delay, his recall was nil and exceptionally low. Delayed word recognition was exceptionally low as he recalled 9/15 target words, and he also endorsed four false positive errors.

Verbal memory for a set of prose passages was in the exceptionally low range for immediate recall. After a delay, his free recall was normatively in the below average range, though it was nil. His recognition of details when presented with a forced-choice format was in the below average to low average range.

Immediate recall of a complex geometric design after a 3-minute delay was nil and exceptionally low. Following a 30-minute long delay, his recall of the same visual information remained exceptionally low, as he was unable to reproduce any elements of the figure from memory.

Language: Naming to visual confrontation was performed in the average range. In contrast, his verbal fluency was significantly compromised. Lexical fluency, or the ability to spontaneously generate words based on a specific letter, was exceptionally low across multiple trials. Semantic fluency, the ability to generate words based on a given category (animals and fruits), was also exceptionally low.

Visuospatial/Constructional: His ability to copy a complex geometric figure was in the average range. Visuospatial judgment of angular line relations was in the within normal limits to low average range. His freehand drawing of a clock was below average, characterized by poor spacing and numbering. However, when asked to copy a clock, his performance improved to within normal limits, demonstrating intact visuoconstructional copying abilities.

Executive Functioning: Verbal abstract reasoning was in the low average range. On a complex trial-and-error learning task requiring the utilization of feedback to generate problem-solving strategies, his overall performance was within the average range, completing two categories with an average number of total and perseverative errors. His performance on a task of color-word cognitive interference was in the average range. Performance on a complex sequencing and set-shifting task was discontinued due to the patient running out of the allotted time limit.

Motor: The patient is right hand dominant. Fine motor grip strength was below average in his dominant right hand and exceptionally low in his non-dominant left hand.

Emotional/Behavioral Functioning: The patient denied significant symptoms of depression and anxiety on two separate self-report inventories of mood, with his scores falling within normal and minimal limits, respectively.

SUMMARY

Mr. Sanchez is a 76-year-old, right-handed Hispanic male with 14 years of education who was referred by Beatriz Casas, PA-C, for a neuropsychological re-evaluation to assess his cognitive status. He and his wife reported ongoing short-term memory difficulties, which initially began around December 2023. His primary complaints include repeating questions and forgetting immediate plans or conversations, though the patient himself feels his memory is largely stable.

Regarding intact cognitive abilities, Mr. Sanchez demonstrated preserved functioning in simple attention and specific language and visuospatial domains. His auditory divided attention was in the average range. Confrontational naming of visual objects remained intact and within the average range. In the visuospatial domain, his ability to copy a complex geometric figure and a clock face was within normal limits, and his judgment of angular line relations was relatively preserved. Additionally, his performance on a complex trial-and-error learning and problem-solving task fell within the average range, and his speeded color naming was high average, indicating some preservation of basic cognitive interference regulation.

In contrast to these strengths, Mr. Sanchez demonstrated significant vulnerabilities across multiple cognitive domains, most prominently in memory, executive functioning, processing speed, and verbal fluency. His ability to learn and recall both unstructured verbal lists and structured prose passages was exceptionally low to below average across immediate, delayed, and recognition trials. Visual memory was similarly severely impaired, with exceptionally low recall of geometric designs after brief and extended delays. Executive dysfunction was notable, characterized by an inability to complete a complex set-

shifting task within the allotted time limit, as well as low average verbal abstract reasoning and below average freehand clock drawing. Processing speed was variable but generally reduced, with exceptionally low graphomotor substitution speed and low average visual-graphomotor tracking. Finally, his expressive language was severely compromised by exceptionally low lexical and semantic verbal fluency, and fine motor grip strength was reduced bilaterally.

Emotionally, Mr. Sanchez denied significant symptoms of depression and anxiety on self-report inventories, with his scores falling within minimal or normal limits. During the clinical interview, he reported adequate sleep, normal energy, and a comfortable mood. However, collateral reports from his wife indicated ongoing concerns with anxiety and mild depressive symptoms, for which he recently began seeing a telehealth provider and initiated a new psychiatric medication.

Functionally, Mr. Sanchez remains independent in his basic activities of daily living. Regarding instrumental activities, he continues to drive independently but restricts his travel to familiar, short distances and avoids driving at night. He manages the household finances jointly with his wife, utilizing a calendar for organization. He currently manages his medication administration independently.

Overall, Mr. Sanchez's cognitive profile is characterized by severe deficits in encoding and rapid retrieval of new verbal and visual information, alongside significant impairments in executive functioning, processing speed, and verbal fluency. Compared to his previous neuropsychological evaluation in May 2025, his cognitive profile remains largely stable in its deficits, continuing to show moderate to severe impairment in memory and executive systems while maintaining basic attention and confrontational naming. This pattern of pervasive amnestic and dysexecutive deficits is highly consistent with an underlying neurodegenerative etiology, such as Alzheimer's disease, particularly given his strong family history of the disease and his advancing age. The concurrent vascular risk factors (hypertension, hyperlipidemia, prediabetes) may also be contributing a mixed vascular component to his presentation. Clinically, his profile remains consistent with a diagnostic impression of Mild Cognitive Impairment - Amnestic, Multiple Domain type, though his functional and cognitive presentation requires close monitoring for further progression.

IMPRESSION: Mild Cognitive Impairment – Amnestic, Multiple Domain Type (Stable)

RECOMMENDATIONS:

To ensure accessibility and support patient adherence, a Spanish-language version of these recommendations is provided at the conclusion of this report. This section has been culturally and linguistically adapted into a user-friendly format for Mr. Sanchez; as such, the phrasing differs from the technical English recommendations intended for the clinical team.

Medical & Psychiatric Management

1. **Neurological Follow-Up:** Mr. Sanchez should continue his care with Beatriz Casas, PA-C, and his neurology team to monitor his diagnostic presentation of Mild Cognitive Impairment (Amnestic, Multiple Domain type). Given the profound deficits in encoding and retrieval alongside a strong family history of dementia, ongoing monitoring for an underlying neurodegenerative process, such as Alzheimer's disease, is clinically indicated.
2. **Psychiatric Monitoring:** He should continue his established telehealth appointments with his mental health provider to monitor the efficacy of his newly initiated psychiatric medication. Because Mr. Sanchez has a history of discontinuing medications he feels he no longer needs, his wife should ensure he remains compliant with this regimen to adequately manage his underlying anxiety and depressive symptoms.

3. **Vascular Risk Reduction:** Given his comorbid hypertension, hyperlipidemia, and prediabetes, strict management of these vascular risk factors through his primary care physician is highly recommended to prevent compounding vascular damage to his brain. He should also proceed with his scheduled gastrointestinal testing in July.
4. **Tremor Evaluation:** A distinct action tremor was observed in Mr. Sanchez's right hand during the evaluation. It is recommended that this be evaluated by his primary care physician or neurologist to determine if it is an essential tremor or related to another movement disorder, and whether pharmacological intervention is warranted.

Safety & Supervision

1. **Medication Management:** Due to his severe short-term memory impairment, dysexecutive traits, and documented history of non-adherence (stopping medications because he felt they were not helping), Mr. Sanchez should no longer independently manage his medications. Mrs. Sanchez should assume direct oversight of his daily administration, utilizing a weekly pill organizer or an automated dispenser to prevent missed doses or accidental double-dosing.
2. **Driving Safety:** Mr. Sanchez should maintain his current self-imposed driving restrictions, strictly limiting his driving to short, highly familiar routes during daylight hours and under favorable weather conditions. If instances of disorientation increase or if he demonstrates slowed reaction times, driving privileges should be formally re-evaluated or ceased.
3. **Financial Oversight:** While he currently utilizes a calendar to assist with finances, his profound memory and executive functioning deficits make him vulnerable to financial errors or exploitation. It is recommended that Mrs. Sanchez maintain primary oversight of all major financial transactions, bill payments, and legal decision-making.

Cognitive & Behavioral Strategies

1. **Compensatory Memory Aids:** Mr. Sanchez should heavily rely on his preserved visuospatial skills and lifelong organizational habits to compensate for his severe memory deficits. He should continue keeping essential items (like his phone, wallet, and keys) in strictly designated, highly visible locations to reduce the frequency of misplacing them.
2. **Centralized Daily Itinerary:** To address his repetitive questioning regarding immediate plans and schedules, the family should implement a highly visible, centralized calendar or white-board in a common area (e.g., the kitchen). This should outline the day's events, appointments, and expected visitors. When he asks repetitive questions, his family can gently redirect him to the board rather than verbally correcting his memory failure, which helps minimize frustration and anxiety.
3. **Task Simplification:** Due to his exceptionally low processing speed and executive dysfunction (difficulties with complex sequencing and set-shifting), information and instructions should be provided to him in simple, single-step formats. He should avoid multitasking, as his cognitive profile indicates he will become easily overwhelmed by divided attention demands.

Functional & Legal Planning

1. **Advance Directives & Power of Attorney:** If not already established, it is strongly recommended that Mr. Sanchez and his family review and finalize his Medical Power of Attorney, Financial Power of Attorney, and advance directives. Taking these steps now ensures his wishes are formally documented and a proxy is legally designated while he still retains the capacity to participate in the planning process.

2. **Future Re-evaluation:** A follow-up neuropsychological evaluation is recommended in 12 to 18 months. This will allow his medical team to objectively track the trajectory of his cognitive decline, evaluate the effectiveness of his current interventions, and update his care and supervision recommendations accordingly.

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP
Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/25/2026

Billing note: Technician, Solanch, performed face-to-face neuropsychological testing for 4 hours (96138 x1; 96139 x7). I interviewed the patient via telehealth services, reviewed medical records, integrated all information, and composed the report in its entirety for a total of 4 hours (96132 x1; 96133 x3).

RECOMENDACIONES

1. Cuidado Médico y Emocional

1. **Citas de seguimiento:** Continúe viendo a Beatriz Casas, PA-C, y a su equipo de neurología para vigilar sus cambios de memoria (actualmente diagnosticado como deterioro cognitivo leve). Dado que hay antecedentes de problemas de memoria en la familia, es muy importante mantener estas visitas médicas.
2. **Apoyo emocional:** Siga asistiendo a sus citas virtuales (por Zoom) con su profesional de salud mental. Como sabemos que el Sr. Sánchez a veces prefiere dejar de tomar sus medicinas cuando se siente bien, le pedimos a la Sra. Sánchez que le ayude a asegurarse de que tome su nuevo medicamento todos los días. Esto le ayudará a sentirse más tranquilo y a manejar la ansiedad.
3. **Salud física y del corazón:** Siga trabajando con su médico de cabecera para mantener bajo control su presión arterial, su colesterol y su prediabetes. Lo que es bueno para el corazón es bueno para el cerebro. Además, recuerde asistir a sus exámenes del estómago (diverticulosis) programados para este mes de julio.
4. **Revisión del temblor:** Durante las pruebas, notamos un leve temblor en la mano derecha del Sr. Sánchez. Sería una buena idea mencionárselo a su médico principal en su próxima visita para ver si requiere algún tratamiento.

2. Seguridad y Apoyo en Casa

1. **Manejo de medicamentos:** Para evitar olvidos o confusiones, el Sr. Sánchez ya no debe encargarse de sus propias medicinas. Recomendamos que la Sra. Sánchez prepare y supervise las medicinas diarias utilizando un pastillero semanal para mayor seguridad.
2. **Precauciones al manejar:** El Sr. Sánchez debe seguir con sus excelentes precauciones actuales: manejar solo distancias cortas, a lugares muy conocidos, de día y con buen clima. Sin embargo, si empieza a sentirse desorientado, se pasa las salidas con más frecuencia, o sus reflejos se notan más lentos, será el momento de dejar de manejar por su propia seguridad.
3. **Manejo del dinero:** Para evitar errores estresantes o descuidos con el dinero, sugerimos que la Sra. Sánchez tome el control principal de pagar las cuentas, manejar las finanzas del hogar y tomar las decisiones económicas importantes.

3. Estrategias para la Memoria

1. **Aprovechar su excelente orden:** El Sr. Sánchez siempre ha sido una persona muy organizada. ¡Sigan usando esto a su favor! Mantengan las cosas importantes (como las llaves, la cartera y el celular) siempre en el mismo lugar visible para que le sea más fácil encontrarlas.
2. **Calendario a la vista:** Para ayudar con las preguntas repetitivas sobre qué van a hacer o a dónde van a ir, coloquen un calendario grande o una pizarra en un lugar central (como la cocina). Anoten ahí los planes del día. Cuando el Sr. Sánchez pregunte sobre el plan, pueden guiarlo con cariño hacia la pizarra. Esto ayuda a reducir la ansiedad y evita la frustración de tener que corregirlo constantemente.
3. **Un paso a la vez:** El cerebro del Sr. Sánchez se cansa más rápido ahora y procesa la información de forma más lenta. Traten de darle las instrucciones de forma sencilla, un paso a la vez. Eviten que haga varias tareas al mismo tiempo para que no se sienta abrumado.

4. Planificación para el Futuro

1. **Documentos legales:** Si aún no lo han hecho, es un buen momento para organizar los documentos legales, como el Poder Notarial Médico y Financiero (Medical and Financial Power of Attorney). Hacer esto ahora, mientras todo está estable, les dará tranquilidad y asegurará que su esposa o familia tengan la autoridad legal para ayudarlo a tomar decisiones si él llega a necesitarlo más adelante.
2. **Próxima evaluación:** Nos gustaría volver a ver al Sr. Sánchez en 12 a 18 meses. Esta próxima evaluación nos ayudará a ver cómo está funcionando su memoria con el paso del tiempo y nos permitirá ajustar estas recomendaciones para seguir apoyándolo de la mejor manera posible.