

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name: Stephen Schwartz

Date of Birth (Age): 4/16/1964 (62)

Ethnicity/Race: Caucasian/White

Date of Evaluation: 6/11/2026

Education: 13

Handedness: Right

Occupation: Retired

Marital Status: Married

This evaluation was conducted for clinical treatment planning and may not be valid for other purposes.

History and Presenting Problem: The following background information was gathered from an interview with the patient and his wife, as well as a review of available medical records. Mr. Stephen Schwartz is a 62-year-old, right-handed, Caucasian/White male referred for neuropsychological evaluation by Leslie Juarez, PA-C, secondary to concern about cognitive decline.

Cognitively, Mr. Schwartz and his wife presented with concerns about memory issues, including immediate forgetfulness and thinking that he has done something when it has not actually been done. He finds it hard to retain information, and his wife noted that he is not always paying attention and struggles with multi-tasking. The onset of these changes has been gradual, becoming worse over the last few years.

Functionally, Mr. Schwartz has experienced a noticeable decline in his independence. His wife assumed financial management at the beginning of the year because bills were not getting paid, and he was running up credit card debt—though the latter was noted to be a longstanding problem. Regarding household safety, he has left the stove and broiler on when making snacks, prompting his wife to double-check appliances over the last year. Although he previously left his insulin out of the refrigerator, he now utilizes a structured system to ensure medication adherence and takes his medications as indicated without problem. Driving has been significantly restricted due to safety concerns. While his wife indicated that he stopped driving after running into objects like trash cans, Mr. Schwartz attributed the limitation to his failure to inform his wife of his whereabouts when leaving the house. Recently, he has become apprehensive about driving and rarely does so. He remains independent with all basic hygiene.

Emotionally and behaviorally, his wife described a significant shift in his demeanor, noting he has “changed quite a bit” since they married. Over the past two years, he has increasingly talked to himself and his dogs—often loudly from across the house. This behavior has worsened over the last year, particularly between 5:00 and 7:00 PM. Although he is generally described as “pretty even keel,” his wife noted a recent, atypical outburst regarding a hotel room while traveling. Conversely, Mr. Schwartz reported feeling generally fine and happy, though he noted a reduced display of emotion over the last year, indicating he no longer gets tearful about things.

Psychiatrically, he has a history of bipolar disorder that was officially diagnosed in 2016 but likely began during his adolescent years. His symptoms are currently stabilized with his prescribed medication regimen and morning use of daily disposable THC, which he feels improves his mood. His typical depressive episodes, most recently occurring last year, involve social withdrawal and staying in bed. Historically, his manic episodes were characterized by spending large sums of money that remained hidden from his wife. Mr. Schwartz reported a suicide attempt 18 months ago; while there are guns in the home, his wife secures the ammunition, and he denied any suicidal ideation since that time.

Physically, Mr. Schwartz experiences occasional unsteadiness, sometimes holding onto his wife for stabilization. He reported a recent fall due to inattention, as well as a significant fall into a cabinet last July while high. This resulted in a facial injury for which he did not seek medical care. His vision is corrected with eyeglasses, and his hearing remains unchanged.

Regarding health habits, Mr. Schwartz maintains a consistent sleep-wake cycle, though he does not utilize his prescribed CPAP machine for sleep apnea. His appetite was described as variable, yet his weight remains stable. He has a significant history of substance abuse, reporting the misuse of multiple prescription medications (including opiates and Ambien) over several years, which culminated in one overdose. He last abused prescription substances in 2022. Additionally, he reported a history of cocaine abuse, for which he completed rehabilitation in the 1980s. He has smoked marijuana since high school and currently uses disposable THC. He reports infrequent alcohol consumption currently, though he noted a history of heavier drinking.

Medical & Psychiatric History: Mr. Schwartz's medical history is remarkable for bariatric surgery with weight loss, diabetes, hypertension, hyperlipidemia, sleep apnea, coronary artery disease (CAD), fatty liver, and generalized psoriasis.

His surgical history is notable for a left knee replacement, cholecystectomy, appendectomy, and cardiac stent placement.

His psychiatric history includes diagnoses of Bipolar 2 disorder and ADHD; he meets with psychiatry every three months.

Family medical history is notable for dementia in his father, who passed away at age 92 with Alzheimer's dementia. His mother had cancer and diabetes (passed away in her 80s).

Medications: atorvastatin, carbamazepine, empagliflozin, gabapentin, hydroxyzine, insulin, lamotrigine, lisdexamfetamine, melatonin, quetiapine, tirzepatide, esomeprazole, baby aspirin, naproxen, iron, probiotics, and propranolol.

Psychosocial History: Mr. Schwartz was born in New Hampshire and raised in California, later living in the UK during his high school years. He is a monolingual English speaker. He repeated his senior year due to failing history and English, and he subsequently completed a year of junior college. Vocationally, he worked in information technology throughout his career, working from home and isolated for most of this time. He was laid off in 2016 in relation to mental health issues and substance abuse. He has been receiving disability since that time.

Mr. Schwartz is married to his spouse of 18 years. He reports two prior marriages. He has an adult daughter from whom he is estranged.

Behavioral Observations: Mr. Schwartz presented to the appointment early, accompanied by his wife. He was casually dressed and adequately groomed. He ambulated independently, with unremarkable gait and motor behavior. Interpersonally, Mr. Schwartz was friendly. Comprehension was grossly intact, and spontaneous speech was clear and fluent. Thought content was logical, and there was no behavioral indication of hallucinations or delusional thinking. Mr. Schwartz was alert and adequately oriented to person, place, and time. Vision (corrected) and hearing were adequate for the purposes of testing. His affect was broad and appropriate to the setting, and rapport was established with ease.

With regard to his test-taking style, Mr. Schwartz frequently made self-deprecating remarks regarding his performance throughout the session. He maintained minimal eye contact with the examiner during testing activities. He frequently whispered to himself prior to responding to test items. Mr. Schwartz was observed to sigh often and frequently remarked, “That’s it” or “I don’t know.” At times, he did not adhere to standardized task instructions despite frequent prompts and reminders (e.g., switching pegs and failing to complete the items in the directed sequence). Furthermore, his task execution was behaviorally inconsistent; notably, he demonstrated an understanding of complex, multi-step activities, while showing difficulty with executing basic, less demanding tasks.

Tests Administered:

Standalone and embedded measures of task engagement/performance validity
Wide Range Achievement Test- Fifth Edition Reading Subtest
Wechsler Adult Intelligence Scale- Fourth Edition, Select Subtests
Repeatable Battery for the Assessment of Neuropsychological Status, Form A
NAB Naming
CLOX-1 & 2
Modified Wisconsin Card Sort Test
Phonemic and Semantic Fluency
Trail Making Test- A & B
Grooved Pegboard
Generalized Anxiety Disorder-7
Beck Depression Inventory- II
Minnesota Multiphasic Personality Inventory-2—Restructured Form

Results: On standalone and embedded measures of task engagement/performance validity, the patient’s performance was below recommended clinical cutoffs. The results are believed to serve as an underestimate of his current neuropsychological status and limited interpretation is provided.

Summary & Impressions: Mr. Schwartz was referred for this evaluation due to concern about cognitive decline. During the current evaluation, Mr. Schwartz's performances on standalone and embedded measures of task engagement and performance validity fell below clinical expectations. Consequently, the obtained cognitive data represent an invalid estimate of his true neuropsychological baseline, precluding the reliable attribution of his test scores to a primary neurologic etiology.

Within the context of this invalid presentation, he scored within normal limits on single word reading, verbal fluency (phonemic and semantic), judgment of angular line relations, spontaneous clock draw, nonverbal reasoning, and verbal abstract reasoning. All other performances were below expectation.

From an emotional standpoint, he endorsed subclinical features of depression on a mood questionnaire. On a personality inventory, his responses were consistent with individuals who report heightened psychological symptoms, including unusual thoughts and perceptions, behavior restricting fears, difficulty coping with current challenges, and history of suicidality. Individuals with similar profiles report a history of externalizing behaviors, conduct problems, and substance abuse. His responses were also consistent with individuals who report introversion, disaffiliativeness, as well as multiple somatic and cognitive concerns (e.g., gastrointestinal complaints, vague neurological concerns, and diffuse cognitive difficulties).

While an underlying neurocognitive process cannot be definitively ruled out, the lack of valid data precludes the formal identification of a neurocognitive disorder at this time. Psychological distress is likely contributing, at least in part, to the current presentation.

Diagnosis: Cognitive Inefficiency, likely secondary to psychological factors and suboptimal test engagement

Bipolar 2 Disorder (Per history)

Attention Deficit Hyperactivity Disorder (Per history)

Recommendations:

1. **Psychiatric Management & Psychotherapy:** Mr. Schwartz should continue working closely with his psychiatrist to manage his medication regimen and may benefit from a referral for individual, evidence-based psychotherapy.
2. **Supervision and Safety:** Given his functional decline and subjective cognitive vulnerabilities, continued supervision by his wife is strongly advised. This includes the ongoing management of his finances, as well as oversight of his medication regimen.
3. **Driving Safety:** His history of running into objects and his recent apprehension about driving raise serious safety concerns. Driving cessation is strongly advised at this time. If he or his family disagree with this recommendation, a formal, specialized driving evaluation should be completed to objectively assess his driving fitness prior to any return to driving.

4. **Sleep Hygiene & Apnea Management:** Mr. Schwartz has a CPAP machine for sleep apnea but does not utilize it. He is strongly encouraged to follow up with his sleep medicine provider or primary care physician to improve CPAP tolerance, as untreated sleep apnea significantly exacerbates cognitive inefficiency, somatic complaints, and mood instability.

Thank you for the opportunity to participate in this patient's care.

Aimee Giammittorio, Ph.D.

Licensed Psychologist

Darci R. Morgan, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 6/12/2026.