Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Eric Siekman **Referral Source:** Leslie Juarez, PA-C

Date of Birth: 11/29/1960 **Date of Evaluation:** 6/19/2026

Reason for Referral: Leslie Juarez, PA-C referred Mr. Siekman for neuropsychological re-evaluation due to suspected cognitive dysfunction. Results will elucidate his current level of functioning to inform diagnostic decision-making and update treatment planning.

Functions Assessed and Instruments Employed:

Background
Clinical Interview
Medical History Questionnaire
Mental Status
Mini-Mental State Exam (MMSE)
Intellectual
Wechsler Adult Intelligence Scale – IV (WAIS-IV; Block Design, Similarities, Matrix Reasoning, Information)
Academic
Wide Range Achievement Test – 5 (Word Reading)
Language
NAB Naming Test
Verbal Fluency (FAS)
Semantic Fluency (Animal Naming)
Complex Ideational Material (BDAE)
Visuospatial/Constructional
Judgment of Line Orientation
Rey Complex Figure Test (copy)
Attention/Working Memory
Digit Span (WAIS-IV)
Processing Speed
Symbol Search (WAIS-IV)
Coding (WAIS-IV)
Learning and Memory
Hopkins Verbal Learning Test – R (HVLT-R)
Logical Memory (WMS-IV)
Visual Reproduction (WMS-IV)
Executive Functions
Trail Making Test (TMT)
Color-Word Interference Test (D-KEFS)
Design Fluency Test (D-KEFS)
Modified Wisconsin Card Sorting Test (MWCST)
Motor Functions
Grooved Pegboard Test
Mood/Behavior
Perceived Deficits Questionnaire
Patient Health Questionnaire – 9 (PHQ-9)
Generalized Anxiety Disorder Questionnaire – 7 (GAD-7)

Identifying Information:

The following information comes from a clinical interview with Mr. Siekman and his wife as well as a review of available medical records. He is a 65-year-old, right-handed, Caucasian male with 16 years of education.

He was previously evaluated on 2/5/2025. Findings were interpreted as within normal limits. Depressive and anxiety symptoms were identified. Please see previous records for additional information.

Interim History:

Mr. Siekman and his wife reported an interim decline in cognition. Specifically, he has problems with multitasking, planning, recall of recent events and conversations, recall of intentions, word finding, temporal orientation, orientation in new places, and decision making. He has difficulty managing spreadsheets and using his smartphone. Mr. Siekman has also had trouble hanging pictures correctly in his home and sometimes repeats himself. He elected to retire on 5/1/2025 and commented, “I guess I just knew I couldn’t do it anymore.” He worked from home and had

been requesting his wife's help frequently because he struggled to manage work-related tasks including spreadsheets. On four or five occasions, Mr. Siekman became briefly disoriented in his home and was confused as to whether it was his home or his mother's home. He sometimes forgets his evening medications. His wife is responsible for financial management tasks, representing no change. Mr. Siekman cooks less due to reduced interest; no problems were noted. He has not driven over the past two months due to injuries to his arm and foot. He is less neat than in the past regarding grooming tasks.

He acknowledged anxiety symptoms and voiced anger about the medical problems he has been experiencing in his retirement. Mr. Siekman expressed fear about developing additional medical problems. He denied suicidal ideation. His wife has observed depressive and anxiety symptoms, along with stubbornness, apathy, and irritability. He has had visual hallucinations over the past 8-12 months, including dogs, people, and movement resembling tree branches. He is aware that these experiences are not real. There appears to be no indication of delusions.

Mr. Siekman has acted out his dreams for several years, including punching, kicking, and talking. He recently fell out of bed and hurt his arm. His energy level is reduced and he experiences daytime sleepiness. His appetite is normal and his weight is stable.

His medical history includes hypertension, hyperlipidemia, heart disease, diabetes, obesity, benign prostatic hyperplasia, GERD, and overactive bladder.

Mr. Siekman's surgical history includes tonsillectomy, adenoidectomy, wisdom teeth extraction, left tibia repair, hernia repair, placement of a coronary stent, and pacemaker placement.

He indicated no current alcohol consumption. He has no reported history of nicotine or recreational drug use.

His current medications include duloxetine, metformin, clopidogrel, losartan, metoprolol, atorvastatin, aspirin, Zyrtec, and magnesium glycinate.

Mr. Siekman is a retired actuary with 16 years of education. He resides in Spring, TX with his husband.

Behavioral Observations:
Mr. Siekman presented as a casually dressed, adequately groomed gentleman. Hearing and vision (corrected) appeared adequate for the purposes of the evaluation. Gait and other gross motor behaviors appeared normal. He had some difficulty providing background information during the clinical interview. Level of insight appeared reduced. Conversational speech was normal. Mood appeared mildly irritable at times during the testing. Affect was broad. He performed normally on embedded performance validity measures. Thus, the present results are believed to provide an accurate representation of Mr. Siekman's current level of neuropsychological functioning.

Results:
Mental Status: On the MMSE, Mr. Siekman obtained a score of 29/30. He made an error when executing a 3-stage command.

Intellectual: On a short form of the WAIS-IV, Mr. Siekman obtained a General Ability Index of 96, which falls within the average range. Index scores were as follows: Verbal Comprehension – 95 (average); Perceptual Reasoning – 98 (average); and Processing Speed – 105 (average). On specific subtests, expressive vocabulary, verbal abstraction, visual pattern analysis, and construction of abstract block designs were average.

Academic: Oral word reading was high average.

Language: Visual object naming was error-free, as was comprehension of questions and short stories. Controlled oral verbal fluency was above average to phonemic criteria and average to semantic criteria.

Visuospatial/Constructional: Judgment of angular line relations was above average. In contrast, his copy of a complex geometric design was below average with distortion and misplacement of figural elements.

Attention/Working Memory: Immediate recall of orally presented number sequences was average for forward order and high average for reverse order and numerical sequencing.

Processing Speed: Speed of visuoperceptual scanning and discrimination was average, as was transcription of symbols according to a key.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was average for total word recall across three trials (6, 10, and 12 words, respectively). He recalled all 12 words after a 20-minute delay, which was high average for both absolute level of recall and when indexed against immediate recall performance. Delayed word recognition was average (12 hits, 1 false positive).

Immediate recall of structured verbal material (stories) was average. Delayed recall was average for absolute level of recall and low average when indexed against immediate recall performance. Delayed recognition was within normal limits.

Immediate recall of geometric figures was high average. Delayed recall was above average for absolute level of recall and high average when indexed against immediate recall performance. Delayed figural recognition was within normal limits.

Executive Functions: Speed of visual-graphomotor tracking was average and error-free for both simple (numerical order) and complex (alternating number-letter) sequences. Speed of rote color naming and word reading was average and high average, respectively. Response inhibition was average for both speed and accuracy. Mr. Siekman's ability to alternate between response inhibition and release (cognitive flexibility) was high average for both speed and accuracy. Design fluency speed ranged from average to high average for simple conditions, and was

average for a more complex condition requiring cognitive shifting. Overall design fluency accuracy was average. Performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was average for the abilities to establish and shift response set.

Motor Functions: Fine motor dexterity (placing pegs into holes) was average bilaterally.

Mood/Behavior: Mr. Siekman's self-report of depressive symptoms (PHQ-9) was within normal limits, as was his self-report of anxiety symptoms (GAD-7).

Impression: Mild Dementia, Possibly Due to Lewy Body Disease
Adjustment Disorder with Mixed Anxiety and Depressed Mood

As compared to the 2/5/2025 evaluation, interim declines were noted in expressive vocabulary, attention and working memory, retrieval of structured verbal material (stories), recognition of visual information, complex visual-graphomotor tracking, and response inhibition. In contrast, an isolated interim improvement was documented in semantic fluency.

Mr. Siekman endorsed anxiety symptoms during the clinical interview, along with anger about the medical problems he has been experiencing in his retirement. His wife has observed depressive and anxiety symptoms, along with stubbornness, apathy, and irritability.

In sum, Mr. Siekman demonstrated mild interim declines in visual memory, expressive vocabulary, and aspects of verbal memory and executive functioning. Although his overall test performance was largely within normal limits, these declines are accompanied by impaired performance of some instrumental activities of daily living. Notably, his cognitive problems led him to retire from his job as an actuary. The present findings suggest mild frontal-subcortical dysfunction and occur within the context of apparent REM sleep behavior disorder, visual hallucinations, and fluctuating course. Although he does not appear to have significant parkinsonian symptoms at present, these results raise suspicion of an incipient Lewy body disease process. Correlation with additional neurodiagnostic data is recommended.

Recommendations:
1. Consideration of adjustment to Mr. Siekman's pharmacological regimen is recommended given his persistent mood symptoms. His mood and behavioral functioning should continue to be monitored regularly over time.

2. He has not driven over the past two months due to injuries to his arm and foot. Mr. Siekman should use ample caution in driving and limit it to short distances and familiar locations under favorable conditions. Additionally, he should keep a mobile phone with him as a precaution in the event that he becomes lost or needs assistance.

3. Given Mr. Siekman's difficulties with aspects of verbal memory and executive functioning, a mechanism of oversight for medication dispensation, financial management, and major decision-making tasks would be prudent as a precaution.

4. He should use compensatory strategies to manage his cognitive difficulties, including written notes/lists, calendars, electronic reminder systems, and smartphone apps.

5. Mr. Siekman would likely benefit from breaking up tasks requiring sustained attention and focus into smaller components. Using checklists and attempting to complete one activity at a time in a sequential manner will likely enhance his chances of successful task completion. Multi-tasking should be avoided when possible.

6. Participation in regular physical exercise, as tolerated, is recommended for its beneficial effects on both physical and mental health.

7. Mr. Siekman and his family may benefit from information and resources available through the Lewy Body Dementia Association (www.lbda.org).

Thank you very much for this kind referral. If I may be of further assistance, please contact me at 713-893-7105.

Lynne C. Davis

Lynne C. Davis, Ph.D., ABPP
Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 6/29/2026

****Billing note: Technician (Kathryn Sanchez, BS) performed face-to-face neuropsychological testing for 4 hours (96138 x 1; 96139 x 7). I interviewed the patient via telehealth, reviewed medical records, integrated all information, and composed the report in its entirety, for a total of 4 hours (96132 x 1; 96133 x 3).*