

## Houston Neuropsychology Associates, PLLC

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### Neuropsychological Evaluation

<b>NAME:</b>	Maria Torres	<b>GENDER:</b>	Female
<b>DATE OF BIRTH:</b>	01/31/1948 (78)	<b>HANDEDNESS:</b>	Right
<b>DATE OF EXAM:</b>	06/22/2026	<b>ETHNICITY:</b>	Hispanic
<b>EDUCATION:</b>	4	<b>MARITAL STATUS:</b>	Widowed
<b>OCCUPATION:</b>	Retired	<b>REFERRED BY:</b>	M. Roberts-Boyd, APRN

### **REASON FOR REFERRAL**

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

### **PRESENTING PROBLEMS**

Ms. Torres was previously evaluated in this clinic on December 13, 2022, due to concerns regarding suspected cognitive decline, including memory loss, slowed processing speed, and occasional disorientation. At that time, comprehensive neuropsychological testing revealed an intact cognitive profile, with her performance across all cognitive domains falling within normal limits. The evaluation concluded that there was no substantial evidence of brain impairment, and her subjective cognitive difficulties were likely attributable to fluctuations in her mood secondary to severe psychosocial stressors involving her son. The diagnostic impression in 2022 ruled out cognitive impairment, and the results were intended to serve as a baseline to measure any future changes over time.

For the current evaluation, Ms. Torres denied noticing any recent cognitive changes. Specifically, she denied forgetting conversations, dates, or events, misplacing objects, or experiencing problems learning new information. She reported that her daughter manages her appointments and provides her with necessary reminders. She was accompanied by her daughter, Ms. Liliana Patricia McMahan, who participated in the clinical interview and completed family rating scales, indicating a significant worsening of the patient's memory since her previous evaluation. Ms. McMahan described the patient as being less sharp and demonstrating substantial memory loss, noting that the patient quickly forgets recent or newly learned information. Additionally, the daughter reported that the patient is almost always confused about the time of day, experiences moderate difficulty with decision-making abilities, gets confused regarding family relationships (e.g., whether her granddaughter is married or expecting a baby), and is sometimes disoriented in new places. While the patient claimed to drive safely and denied becoming lost, her daughter expressed uncertainty regarding her driving safety and noted that the patient recounted an elaborate, potentially fabricated story about ending up at an HEB grocery store and needing a ride back to her apartment from strangers.

Emotionally, the patient denied symptoms of depression or anxiety, reporting that she sleeps well, has an adequate appetite, and possesses sufficient energy. Conversely, her daughter's ratings and interview responses described a highly distressing psychosocial environment driven by a long-standing codependent relationship with her adult son, who resides with the patient against the rules of her 55-plus independent living community. On family rating scales, Ms. McMahan noted that the patient exhibits agitation, depression, apathy, impulsivity, irritability, changes in appetite, and severe anxiety specifically when separated from her son. Ms. McMahan detailed a severe hoarding situation involving both the patient and her son, resulting in an unhygienic apartment with a roach infestation and bizarre arrangements, such as an extra freezer plugged in the bathroom. While Ms. McMahan denied any current financial, physical, or verbal abuse from the son, she expressed profound concern regarding his psychological manipulation, untreated mental health issues, and active substance use, noting that he frequently smokes synthetic drugs

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in the patient's presence. Furthermore, the daughter reported that the patient has experienced ongoing delusions since moving into her current apartment approximately three years ago, specifically believing that ghosts reside on a non-existent floor above her and that people die there daily.

Functionally, a significant discrepancy exists between the patient's self-report and collateral data. While Ms. Torres claimed to be entirely independent with her instrumental activities of daily living (IADLs), her daughter indicated on family rating scales that the patient is only independent for basic activities of daily living. Ms. McMahan reported that the patient currently requires assistance for multiple IADLs, including telephone use, meal preparation, housekeeping, and laundry. Regarding finances, the patient can reportedly manage day-to-day purchases but requires assistance with banking and major purchases. Most notably, the daughter indicated that the patient is not capable of dispensing her own medications; despite Ms. McMahan filling the patient's weekly pillbox, calling her, and setting phone alarms, the patient's medication adherence is highly inconsistent. The patient has been observed moving pills into different compartments or throwing them away entirely, which recently resulted in destabilized thyroid levels. Additionally, her daughter suspects the patient is not eating adequately due to the filthy state of the kitchen, noting that it is impossible to cook in the apartment and the patient and her son frequently rely on eating out or hoarding free food acquired from local churches. Given the combination of severe environmental hazards, the presence of an unauthorized and unstable co-resident, and dangerous medical self-neglect, a formal protective report was filed by this examiner with Adult Protective Services (APS) on June 24, 2026.

### **MEDICAL HISTORY**

Conditions: Hypothyroidism, hyperlipidemia, bradycardia, left-sided lacrimal apparatus disease, osteoarthritis of the left hip, chronic radicular pain of the lower back, severe primary open-angle glaucoma (bilateral), complete obstruction of the left lacrimal punctum, osteoporosis, and stage 3a chronic kidney disease. The patient suffered a fall this past winter when she lost her balance while taking out the trash in the cold.

Surgeries: Cesarean section (x2), colonoscopy, and tear duct surgery.

Imaging: None available for review at the time of this report.

Current medications: The patient is prescribed several medications for her chronic conditions. However, collateral reports indicate severe medication non-compliance, including stopping her medications entirely over the past Christmas break.

Substance use: She quit smoking 31 years ago. She denied a history of alcohol or recreational drug use. Her son reportedly smokes synthetic drugs in her presence.

Family history: Heart disease (father and mother).

### **MENTAL HEALTH HISTORY**

Ms. Torres reported the onset of symptoms of depression and anxiety during her childhood. According to her daughter, Ms. Torres previously tried taking medication for her symptoms for less than two months and discontinued it as she did not want to be dependent on it. She is currently established with psychiatry/behavioral health, specifically seen by Dr. Jazmin Roldan for the management of major depressive disorder.

### **EDUCATIONAL HISTORY**

She completed four years of education in Mexico. She denied a history of learning problems and grade retention.

## OCCUPATIONAL HISTORY

She has always been a homemaker. She also worked from home as a seamstress.

## SOCIAL HISTORY

She was born and raised in Mexico, immigrated to the United States at 26, and traveled back and forth between Mexico and the United States. She immigrated permanently to the United States in her 40s. She is a widow and has a daughter and a son. She currently resides in a 55-plus independent living community in Houston, Texas. Her adult son is currently living in her apartment with her.

## BEHAVIORAL OBSERVATIONS

Ms. Torres presented as a well-groomed woman with adequate hygiene. She ambulated independently and demonstrated normal gross motor functioning. Vision (corrected with glasses or contacts) and hearing were normal and appeared adequate for testing purposes. Expressive and receptive speech was within normal limits. Her mood was noted to be pleasant, and she demonstrated full cooperation and good effort throughout the evaluation.

The examiner noted that the patient's attention and concentration were normal during the assessment. She understood the test instructions but did require occasional reminders. The patient was only partially oriented to her surroundings. While she correctly identified the day of the week (Monday), the current time (11:00), and her city (Houston), she did not know the current month, year, or street name. Additionally, she incorrectly stated her age as 70. Despite her partial orientation and the need for occasional reminders, her full cooperation suggests that the evaluation results provide an accurate representation of her current level of neuropsychological functioning.

## TESTS ADMINISTERED

Clinical Interview	Color Trail Making Test
Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)	Finger Tapping
NEUROPSI Atencion y Memoria (select subtests)	Patient Health Questionnaire (PHQ-9) (Spanish)
Line Orientation	Generalized Anxiety Disorder (GAD-7) (Spanish)
Ponton-Satz Boston Naming Test	Dementia Severity Rating Scale
Reproduccion Visual (WMS-IV Spanish)	Activities of Daily Living Scale
	Neuropsychiatric Inventory Questionnaire

## 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 Mexico, and level of educational attainment) was taken into consideration in interpreting her 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 Ms. Torres' neurocognitive functioning are summarized below.

**Attention/Processing Speed:** Immediate recall of an orally presented number sequence in forward and reverse order was within normal limits. Immediate recall of visually presented stimuli in forward and reverse order was within normal limits. Overall processing speed abilities were low average. A task that assesses graphomotor speed was average. A task that assesses visual symbol identification and discrimination was low average. A serial addition task was within expectations. Speeded visual detection of symbols was within normal limits. Auditory digit perception was also within normal limits.

**Language:** Semantic fluency was within normal limits. Lexical fluency was also within expectations. Visual object naming was high average.

**Visuospatial/Constructional:** Her copy of a geometric design was within expectations. Visuoconstructional skills were low average. A task that assesses visuospatial judgment was within normal limits.

**Learning and Memory:** Immediate recall of unstructured verbal material (12-word list) was within normal limits (3, 5, 5/12 words after three consecutive trials). After a 20-minute delay, her recall was nil and below expectations. She recalled 2 words with the aid of cues, which is within expectations. She recognized 7/12 target words and only endorsed one false-positive error, which is within expectations.

Immediate recall of structured verbal material (stories) was below expectation. Delayed recall of the same material was nil and below expectations.

Immediate recall and reproduction of geometric designs was in the low average range. After a delay, her recall was nil and exceptionally low. Her discrimination accuracy was in the low average range.

Recall of a figure copy earlier on was nil and exceptionally low.

**Executive Functions:** A task that assesses visual speeded sequencing of numbers was below average and error free. A task that assesses set-shifting abilities was discontinued after she ran out of the allotted time. A visual fluency task was within normal limits for total designs produced; however, she made several repetition and set loss errors. A task of cognitive inhibition was within normal limits for accuracy, but below expectations for speed.

**Motor:** The patient is right hand dominant. Fine motor dexterity was average bilaterally.

**Mood/Behavioral Functioning:** Ms. Torres denied significant symptoms of depression and anxiety on two separate self-report inventories of mood.

## SUMMARY

Ms. Maria Torres is a 78-year-old, right-handed Hispanic female with four years of formal education who was referred for a neuropsychological evaluation by Ms. Melanie Roberts-Boyd, APRN, to assess suspected cognitive decline. While the patient denied experiencing any cognitive difficulties, collateral information provided by her daughter indicated a significant and progressive decline in her memory, orientation, and functional independence since her previous baseline neuropsychological evaluation in December 2022. Despite demonstrating partial disorientation during the clinical interview—including an inability to identify the current month, year, or street name—Ms. Torres was pleasant, fully cooperative, and put forth good effort throughout the testing session. Therefore, the current evaluation results are considered a valid and accurate representation of her present neurocognitive functioning.

Regarding intact cognitive abilities, Ms. Torres demonstrated preserved functioning across several specific domains. Her simple auditory and visual attention, including the immediate recall of short sequences, remained within normal limits. Language skills were a notable strength, with semantic fluency, lexical fluency, and visual object naming all falling within the expected to high average ranges. Additionally, her basic visuospatial judgment, her ability to copy a simple geometric design, and her bilateral fine motor speed on a finger-tapping task were fully preserved and within normal expectations.

In stark contrast to her 2022 baseline evaluation, Ms. Torres now exhibits pronounced vulnerabilities and severe deficits, most notably in memory and executive functioning. Her learning and memory for both

unstructured word lists and structured prose were severely impaired, characterized by rapid forgetting and nil performance on delayed recall trials, alongside exceptionally low delayed recall for visual information. Executive dysfunction was also prominent; she performed below average on speeded visual sequencing, was unable to complete a complex set-shifting task within the allotted time, and produced numerous repetition and set loss errors on a visual fluency task. Furthermore, her overall processing speed, complex working memory for longer digit spans, and overall visuoconstructional skills were vulnerable, falling within the low average range.

Emotionally, Ms. Torres denied experiencing any symptoms of depression or anxiety on formal self-report inventories and appeared euthymic during the evaluation. However, collateral reports from her daughter reveal a highly distressing psychosocial environment characterized by severe hoarding behaviors, unhygienic living conditions, and a deeply codependent relationship with her adult son, who reportedly struggles with untreated mental illness and active substance use within their shared apartment. Furthermore, the daughter reported that the patient experiences significant agitation, impulsivity, and severe separation anxiety when apart from her son, alongside ongoing, elaborate delusions regarding ghosts and frequent deaths occurring in the building above her apartment.

Functionally, a significant discrepancy exists between the patient's self-reported independence and her actual capabilities as described by her family. While Ms. Torres remains independent for basic activities of daily living, she now requires substantial assistance and supervision for most instrumental activities of daily living. Her daughter reports that the patient needs help with telephone use, meal preparation, housekeeping, laundry, banking, and major purchases. Most critically, Ms. Torres is no longer capable of managing her own medications safely; despite the use of pillboxes and alarms, she has exhibited severe medication non-adherence, frequently mishandling or discarding pills, which recently resulted in the destabilization of her thyroid levels.

In synthesis, Ms. Torres' neurocognitive profile reflects a significant and global decline from her previously intact baseline evaluation in 2022. The current pattern of profound amnesic deficits—marked by rapid forgetting and nil delayed recall across verbal and visual domains—coupled with prominent executive dysfunction, partial disorientation, and functional decline, is consistent with a progressive neurodegenerative process. While these primary cognitive features are highly characteristic of a major neurocognitive disorder, her clinical presentation is severely compounded by untreated psychological distress, active delusions, and systemic medical instability driven by profound medication non-compliance (e.g., destabilized hypothyroidism). At this time, her presentation meets the criteria for Mild Dementia, with the etiology likely being multifactorial, requiring immediate multidisciplinary intervention to ensure her medical and environmental safety. Due to the immediate risk of medical self-neglect and substantial environmental endangerment documented during this evaluation, a formal protective report has been filed with Adult Protective Services (APS) to initiate necessary state intervention and community care coordination.

**IMPRESSION:** Mild Mixed Dementia – Possibly due to Alzheimer's Disease, Cerebrovascular Disease, with behavioral disturbance and psychotic disturbance

**RECOMMENDATIONS:**

**Medical & Psychiatric Management**

1. Psychiatric consultation is urgently warranted to address active psychotic symptoms, specifically the ongoing delusions regarding ghosts and frequent deaths in the apartment building, as well as the severe separation anxiety complicating her dementia presentation.

2. Immediate medical intervention is required to stabilize thyroid functioning, which has recently become destabilized secondary to the patient's severe medication non-adherence.
3. Strict cardiovascular risk management by primary care and neurology providers is essential to mitigate further microvascular ischemic changes contributing to the cerebrovascular component of her mixed dementia profile.

### **Safety & Supervision**

4. A formal protective report has been filed with Adult Protective Services (APS) by this examiner on June 24, 2026. APS caseworkers will evaluate the severe hoarding, roach infestation, and safety vulnerabilities associated with the adult son currently residing in her 55-plus independent living community to assist the family in securing a safe, hygienic environment.
5. Direct caregiver administration of all daily medications is necessary. The patient can no longer safely utilize pillboxes or phone alarms independently, necessitating direct observation by a visiting nurse or family member to ensure medical safety.
6. Driving privileges should be formally re-evaluated and likely ceased. Profound visual memory deficits, partial disorientation, and executive dysfunction present a significant safety risk on the road, particularly following recent episodes of confusion and getting lost while navigating the community.

### **Functional & Legal Planning**

7. The family must assume full oversight of instrumental activities of daily living (IADLs), specifically meal preparation, housekeeping, and major financial management, as her cognitive profile and current living environment preclude safe independent functioning.
8. Activation of Medical and Financial Power of Attorney is strongly advised to ensure the patient's daughter can legally manage medical decisions and protect assets from potential exploitation or mismanagement.
9. Alternative living arrangements, such as transitioning to an assisted living facility or memory care unit, should be explored to provide the structured supervision, hygienic environment, and consistent nutritional support the patient requires.

### **Cognitive & Behavioral Strategies**

10. Implementation of a highly structured daily routine is recommended to reduce agitation, impulsivity, and anxiety. Consistency in daily activities provides a sense of security that compensates for her severe anterograde amnesia and rapid forgetting.
11. Caregivers should utilize redirection, distraction, and validation techniques rather than attempting to logically correct the patient's delusions or memory lapses, which will minimize interpersonal conflict, distress, and irritability.

Thank you for this kind referral.

*Claudia V. Resendiz*

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 06/24/2026