

## Houston Neuropsychology Associates, PLLC

Phone: 713-893-7105 • Fax: 713-893-7145 • Email: office@houston-npa.com • Web: houston-npa.com

### NEUROPSYCHOLOGICAL EVALUATION

Name:	Tamela Hunt Weaver	Education:	9 years
Date of birth:	11/8/1960 (65)	Handedness:	Right
Date of exam:	6/11/2026	Marital status:	Divorced
Ethnicity:	White	Occupation:	Retired

Referral source: Hassan Javanshir, M.D.

Ms. Weaver's neurologist referred her for an objective assessment of cognitive decline. The results will describe her current level of functioning to inform diagnostic decision-making and treatment planning; this evaluation is not intended for other purposes. Information was obtained from a clinical interview and a review of available medical records.

#### PRESENTING PROBLEMS & REVIEW OF SYMPTOMS

Ms. Weaver described occasionally forgetting her intentions. However, she denied frank cognitive concerns. She indicated that she reported cognitive issues during her neurology appointment on 3/19/2026 because she had a urinary tract infection during this time. However, these issues resolved when her UTI was treated. Nevertheless, she indicated that her daughter is concerned about her memory and wants her to be evaluated.

Ms. Weaver lives alone. She is functionally independent. She indicated that managing her finances has become more difficult due to increased complexity, as opposed to her cognition. She had an accident in November 2025, where she was at fault. Therefore, she does not have a car and no longer drives. However, she uses ride-sharing services and orders her groceries online.

Ms. Weaver reported a stable mood, and she denied suicidal ideation. Her appetite is stable. However, she has lost 74 lbs. following bariatric surgery last year. She has trouble maintaining sleep and gets about 6 hours of interrupted sleep. Her energy level is variable.

Ms. Weaver ambulates with a rollator for balance difficulties as well as lower extremity weakness and pain. She reported an intermittent action tremor in her hands that usually occurs after taking her insulin. The following symptoms were denied: hallucinations, sensory changes, Parkinsonian symptoms, incontinence, and REM sleep behavior disorder.

#### MEDICAL HISTORY

Conditions: hypertension, hyperlipidemia, diabetes, heart disease, chronic pain, neuropathy, COPD (with supplemental oxygen), and sleep apnea (treated with PAP). Per medical records, she has a history of a CSF leak through the ear, treated with shunt placement. Her last shunt revision was in 2012. Her diabetes is reportedly adequately managed, but she did not recall her last HbA1C.

Surgeries: craniotomy with CSF shunt placement, shunt replacement, partial thyroidectomy, C-section x2, and hysterectomy. Her medical records also documented tonsillectomy, cholecystectomy, and hernia repair.

Current medications: losartan, carvedilol, furosemide, metolazone, spironolactone, fenofibrate, rosuvastatin, insulin glargine, insulin aspart, tirzepatide, methylprednisolone, hydrocodone/acetaminophen (tid), pregabalin, pramipexole, duloxetine, bupropion, buspirone, trazodone, allopurinol, ondansetron, montelukast, Trelegy Ellipta, albuterol, budesonide (inhalation), ipratropium, omeprazole, potassium, and ferrous sulfate.

Mental health: Her psychiatric history is notable for a single episode of severe situational depression over 20 years ago following a major life stressor, which required brief hospitalization. She has reportedly remained psychiatrically stable since that time under the ongoing care of a psychiatrist, Dr. Patel, and compliant pharmacotherapy.

Substance use: She denied alcohol, nicotine, and other substance use. She denied a history of substance dependence.

Family history: No known family history of dementia. Her mother had diabetes and died at 69. Her father had heart disease and COPD; he died in his 70s. Her only brother died in an accident.

### **SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY**

Ms. Weaver was raised in Alabama and is monolingual in English. She was married and divorced 4 times. She was last divorced “a long time ago.” She has two children. She lives alone.

She completed 9 years of education before obtaining her GED. She denied a history of learning difficulties. She did not leave school for academic reasons.

She worked as a purchaser for an industrial heating company before receiving Social Security disability benefits for her medical conditions.

### **BEHAVIORAL OBSERVATIONS**

Ms. Weaver arrived on time and was unaccompanied. She was appropriately dressed and groomed. She ambulated with a rollator, and she used supplemental oxygen. Her conversational language comprehension and expressive speech were within normal expectations. Her thought process was normal. She was affable, presenting with a euthymic mood and a broad affect.

She was fully oriented. Her behavior during testing was unremarkable.

### **TESTS ADMINISTERED**

Standalone measure of performance validity  
Wide Range Achievement Test-5, Word Reading  
Wechsler Adult Intelligence Scale-IV, portions  
Wechsler Memory Scale-IV, portions  
Hopkins Verbal Learning Test-Revised  
Neuropsychological Assessment Battery, Naming  
Phonemic Fluency (FAS)  
Animal Naming Test

RBANS Line Orientation  
Rey Complex Figure Copy  
Trail Making Test  
D-KEFS Color-Word Interference Test  
Finger Tapping Test  
Personality Assessment Inventory  
Patient Health Questionnaire-9  
Generalized Anxiety Disorder-7

## **RESULTS SUMMARY**

This evaluation is considered a valid assessment of Ms. Weaver's current neuropsychological functioning. Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores.

Sensory/Motor: Bilateral finger tapping speed was average.

Academic: Word reading was average.

Attention & Processing Speed: Digit span was low average; repetition was average, reversal was average, and sequencing was below average. Processing speed was low average for digit-symbol transcription and low average for symbol searching.

Executive Functioning: Speeded number/letter set-shifting was average with no errors. Verbal response inhibition was low average for speed and average for accuracy. Combined response inhibition/set-shifting was low average for speed and average for accuracy. Visual abstract reasoning was average, and verbal abstract reasoning was low average (age-adjusted only was average and below average, respectively).

Language: Fund of vocabulary was average (age-adjusted only was low average). Object naming was high average. Phonemic verbal fluency was low average. Semantic verbal fluency was below average.

Visuospatial: Judgment of line orientation was below average. The construction of block designs was average. Complex visuospatial reproduction fell below expectations due to poor planning and imprecision, but the figure gestalt was intact.

Learning & Memory: Word list learning was low average, and delayed recall was average. Recognition of list words was low average. Narrative registration was low average, and delayed recall was low average. Recognition of story elements was within normal expectations. Figure registration was average, and delayed recall was average. She identified 5/7 figures on a recognition format (within normal expectations). Retention was average for narratives and figures, and high average for the word list.

Mood/Behavior: She endorsed mild levels of depressive and anxiety symptoms on self-report questionnaires. On a standardized psychological inventory, individuals with similar validity scales show some inconsistent responding and tend to emphasize negative aspects of themselves and their environment while minimizing positive aspects. Individuals with similar clinical profiles report a significant preoccupation with physical functioning, health, and somatic symptoms that is likely limiting. Similar individuals report a comfortable self-concept and are interpersonally friendly.

## **CLINICAL IMPRESSIONS**

Ms. Weaver exhibited mildly diminished digit sequencing and semantic verbal fluency. Her other assessed cognitive skills were broadly normal. She had several performances on the lower end of normal, across domains. However, it was unclear how much of a decline this represented when considering her estimated premorbid cognitive ability. She endorsed mild depressive and anxiety symptoms, and her psychological inventory suggested a significant preoccupation with physical functioning, health, and somatic symptoms that is likely limiting.

In summary, Ms. Weaver demonstrated a few slightly low scores. However, these findings were not particularly coherent and did not form a pattern suggestive of a frank neurological etiology of cognitive dysfunction. Relatedly, she denied cognitive concerns. Her results were most attributable to normal variability within the context of her estimated premorbid functioning, poor sleep, and mild mood symptoms. Her mood and vascular conditions will continue to be important to address.

## **DIAGNOSTIC IMPRESSIONS**

Cognitive Disorder Ruled Out

Adjustment Disorder with Depressed Mood and Anxiety

## **RECOMMENDATIONS**

1. Ongoing mental health treatment will remain important. Fortunately, she has a psychiatrist.
2. She may benefit from participating in psychotherapy. She is welcome to contact me to help identify potential providers.
3. Lifestyle factors, including optimal sleep, physical activity, social engagement, mental stimulation, and a healthy diet, are crucial for optimizing cognition and mood.
  - a. She should be provided with education and resources regarding aspects of good sleep hygiene, such as <https://sleepeducation.org/healthy-sleep/healthy-sleep-habits/>.
  - b. She should be encouraged to engage in an enjoyable exercise regimen, as medically indicated. She would benefit from a referral to a physical therapist to develop such a routine.
  - c. Her local YMCA or community center may have free classes. For example, The Bayland Community Center has several free offerings: <https://cp4.harriscountytexas.gov/Community-Centers/Community-Center/bayland-community-center>.
  - d. Learning a new skill or hobby can be beneficial. Online learning platforms offer free courses and certifications in a variety of subjects and skills (e.g., <https://www.coursera.org/>).
  - e. The Mediterranean diet is associated with better health outcomes, including cognitive health. Practical tips to follow such a diet include:
    - Switching out fats for extra virgin olive oil.
    - Eating more fruits and vegetables.
    - Eating less meat and more fish.
    - Eating beans, nuts, seeds, and olives.
    - Cutting out sugary beverages and processed foods.
    - Eating fruit instead of high sugar desserts.
4. The present results will serve as a baseline to which findings from any future evaluations may be compared.

Thank you for this kind referral. Please do not hesitate to contact me if I can further assist.

*Jesse Passler*

Jesse Passler, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology