

## Houston Neuropsychology Associates, PLLC

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

### NEUROPSYCHOLOGICAL EVALUATION

Name: Brenda Woodard  
Date of Birth (Age): 6/26/1943 (83)  
Ethnicity/Race: African American/Black  
Date of Evaluation: 6/29/2026

Education: 16  
Handedness: Right  
Occupation: Retired  
Marital Status: Single

*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 her sister, as well as a review of available medical records. Ms. Brenda Woodard is an 83-year-old, right-handed, African American/Black female referred for neuropsychological evaluation by Alix Halter, FNP-C, secondary to concern about cognitive decline. MMSE was 23/30 on 4/17/2026.

Cognitively, Ms. Woodard acknowledged mild memory changes but denied these pose any issues to her daily functioning. In contrast, her sister reported progressive cognitive decline that began over a decade ago. She indicated that as early as 2016, Ms. Woodard began relying heavily on notetaking to remember routine information, such as favorite channels. She also began exhibiting notable short-term memory decline in conversation. During that time, Ms. Woodard was caring for her elderly mother, where her sister later learned that the patient was notating when mail was received, but not opening it. Over the last several years, memory issues have significantly progressed. Currently, she has prominent short-term and long-term memory issues. She is highly prone to misplacing items, frequently losing her glasses, wallet, and purse.

Functionally, Ms. Woodard reported maintaining her independence with all activities. In contrast, her sister noted significant, long-term neglect of instrumental activities of daily living. Most notably, Ms. Woodard failed to open her mail for several years, with her sister recently discovering unopened mail dating back to 2014. This severe neglect of personal business resulted in their mother losing her pension. Her home is reportedly in poor condition, with appliances breaking down as early as 2019 without being repaired. Ms. Woodard has not cooked in several years and relies entirely on food brought by her sister. Her sister calls her to remind her to take medications. Ms. Woodard ceased driving in recent months, as her sister took her keys. However, her vehicle has since stopped working and her license expired (currently has an identification card); prior to this, she had episodes of getting lost, requiring support from the local authorities and a good Samaritan. Regarding personal care, Ms. Woodard requires reminders to perform basic hygiene and occasionally puts her clothes on inside out or backward. Her sister is the legal power of attorney and currently manages all financial and medical affairs. Ms. Woodard currently lives alone but spends some time at her sister's home; her sister is in the process of transitioning the patient to a more supportive living environment.

Physically, Ms. Woodard denied changes to her movement or balance. Her sister indicated that she occasionally stumbles when stepping off curbs, though she has not fallen. She experiences dizziness and dehydration due to inadequate water intake. She has cataracts in both eyes (with surgery postponed due to lack of post-operative support) and hearing loss requiring hearing aids (not yet obtained).

Emotionally, Ms. Woodard described her mood as “pretty darn good” and denied frequent sadness. Conversely, her sister observed that she is increasingly irritable, suffers from depression, and exhibits pseudobulbar symptoms such as laughing or crying inappropriately. She also shows an intense fixation on bright colors. Behavior suggestive of psychosis or hallucinations was absent.

Regarding health habits, Ms. Woodard has a history of a severe sleep disorder spanning nearly 20 years, sleeping only a few hours a night. She currently takes a low dose of trazodone to assist with sleep. Her sister indicated that she has experienced “tremendous” weight loss of approximately 70 pounds over the last few years; she is currently 106 pounds due to not eating regularly when left alone. She has never consumed alcohol, illicit substances, or nicotine.

Medical & Psychiatric History: Medical history is remarkable for hypertension, hyperlipidemia, and chronic insomnia. She also has diagnoses of cataracts and hearing loss.

Surgical history includes breast reduction surgery.

Psychiatric history includes depression and suspected childhood sexual trauma per her sister; however, it is unclear if she participated in treatment.

Family medical history includes hypertension, hyperlipidemia, diabetes, cerebrovascular accident, and hearing loss. Her mother suffered a stroke with related memory loss prior to her passing at age 102; she also had glaucoma and severe hearing loss (deafness). Her father passed away at age 80 from COPD and had a history of diabetes and hypertension. A maternal aunt also suffered from a stroke and memory loss.

Medications: amlodipine and trazodone.

Psychosocial History: Ms. Woodard was born and raised Texas. She is a monolingual English speaker. She earned a bachelor’s degree in English and business education. She denied a history of learning problems. She worked as a high school English and business teacher before retiring in 1999.

Ms. Woodard is single and has no children. She currently lives independently in her own home, though her sister assists her significantly.

**Behavioral Observations:** Ms. Woodard presented to the appointment accompanied by her sister. She was casually dressed and adequately groomed. She ambulated independently. Interpersonally, Ms. Woodard was friendly but nervous. She was frequently self-critical, apologizing for not having the “right answers” to questions at interview; in fact, she indicated that she would prefer to have a written list of questions to which she could formulate her responses and come back later; however, she was amenable to participating. While spontaneous speech was fluent, content was largely empty and vague. She spoke quickly, appearing anxious and flustered. Thought content was grossly logical. There was no behavioral indication of hallucinations or delusional thinking. She was alert, but her orientation was significantly impaired, as she incorrectly stated the current year was 1968. She exhibited appropriate eye contact. Affect was full and appropriate to the setting. Vision and hearing were adequate for the purposes of testing.

With regard to test-taking style, Ms. Woodard was easily distracted and frequently required clarification and repetition of test instructions. She often made statements underestimating her performance or otherwise provided rationale regarding the uncertainty of her responses. She reported feeling “stumped” by select tasks. Nevertheless, she was fully cooperative and attempted all activities asked of her.

**Results:** Cognitive results are considered valid.

*Performance descriptors follow the American Academy of Clinical Neuropsychology consensus statement on uniform labeling of test scores.*

| <b>Domain</b>                       | <b>Test Name</b>               | <b>Raw Score</b>                             | <b>Descriptor</b> |
|-------------------------------------|--------------------------------|--|-------------------|
| Dementia Screening                  | DRS-2 Total Score              | 88   | Exceptionally Low |
|                                     | DRS-2 Attention                | 33   | Average           |
|                                     | DRS-2 Initiation/Perseveration | 18   | Exceptionally Low |
|                                     | DRS-2 Construction             | 3  | Low Average       |
|                                     | DRS-2 Conceptualization        | 25   | Low Average       |
|                                     | DRS-2 Memory                   | 9  | Exceptionally Low |
| Auditory Attention                  | RBANS Digit Span               | 6  | Below Average     |
| Visual Attention & Processing Speed | RBANS Coding                   | 12; 5 errors                                 | Exceptionally Low |
|                                     | Trail Making Test- A           | Discontinued at 180 seconds; task incomplete | Exceptionally Low |
| Language                            | WRAT-5 Word Reading            | 62   | Average           |
|                                     | NAB Naming                     | 11   | Exceptionally Low |
|                                     | Animal Naming                  | 3  | Exceptionally Low |
| Verbal Memory                       | RBANS List Learning (0-2-3-4)  | 9  | Exceptionally Low |

|                       |                        |   |                                    |
|-----------------------|------------------------|---|------------------------------------|
|                       | RBANS Story Memory     | 5   | Exceptionally Low                  |
|                       | RBANS List Recall      | 0   | Low Average to Below Average       |
|                       | RBANS Story Recall     | 0   | Exceptionally Low                  |
|                       | RBANS List Recognition | 13  | Below Average to Exceptionally Low |
| Visual Memory         | RBANS Figure Recall    | 0   | Exceptionally Low                  |
| Visuospatial          | RBANS Line Orientation | 2   | Below Average to Exceptionally Low |
|                       | RBANS Figure Copy      | 10  | Exceptionally Low                  |
|                       | CLOX-2                 | 7   | Exceptionally Low                  |
| Executive Functioning | CLOX-1                 | 8   | Exceptionally Low                  |
|                       | FAS                    | 8   | Exceptionally Low                  |
|                       | Trail Making Test- B   | Discontinued at sample; unable to demonstrate understanding of task demands | Exceptionally Low                  |
| Self-Report           | GAD-7                  | 10  | Moderate symptoms of anxiety       |
|                       | GDS                    | 9   | Mild symptoms of depression        |

Impressions: Performance on the current neuropsychological evaluation is interpreted within the context of premorbid ability, which is estimated to be within the average range based upon her reported academic and vocational achievement and performance indicators.

On a dementia screening measure, Ms. Woodard's overall score was within the exceptionally low range. Basic auditory and visual attention, conceptualization, and construction were average, whereas memory, initiation/perseveration, and executive functioning were exceptionally low.

While single word reading was within the average range, performances across all other tests fell below expected limits. She exhibited exceptionally low visual attention and processing speed, resulting in the discontinuation of a numerical sequencing task due to exceeding the time limits. Language functioning was severely compromised, highlighted by exceptionally low confrontation naming and semantic/phonemic verbal fluency. Visuospatial processing and constructional abilities were also exceptionally low.

Ms. Woodard's performances across measures of learning and memory were profoundly impaired. Acquisition of unstructured and structured verbal information was exceptionally low, with nil delayed free recall for both word lists and stories. Registration of visual information was also exceptionally low with nil recall.

Executive functioning was notably compromised, with exceptionally low performance on tasks of cognitive initiation, mental flexibility, and abstract reasoning. She was unable to demonstrate understanding of task instructions during an alphanumeric sequencing task, where this activity was prematurely discontinued. Spontaneous clock copy was characterized by conceptual errors, and copy was marked by poor planning and imprecision.

From an emotional standpoint, she reported mild symptoms of depression and moderate symptoms of anxiety.

Summary: Ms. Woodard's neurocognitive profile is remarkable for severe, global decline. While basic attention and reading skills were intact, she exhibits profound rapid forgetting characterized by nil delayed recall, severe executive dysfunction, significantly reduced processing speed, and marked expressive language deficits. Functionally, collateral reports from her sister indicate a complete loss of independence in instrumental activities of daily living, including managing finances, handling mail, ensuring adequate nutrition, and navigating the community safely. She requires reminders to complete hygiene tasks and exhibits difficulty with dressing (clothing may be inside out or backwards).

Considering all available clinical information, including objective test findings and the profound functional decline reported by her sister, a diagnosis of moderate dementia is warranted. While the breadth of cognitive decline obscures identification of etiology based upon test findings alone, the pervasive nature of her amnesia and executive failure, combined with the gradual, insidious decline over the last decade, is highly consistent with dementia of the Alzheimer's Type. Her chronic sleep disorder, potential trauma history, and sensory limitations (hearing loss and cataracts) likely exacerbate her current cognitive impairment.

Diagnosis: Dementia, Possibly Due to Alzheimer's Disease, Moderate Severity, With Behavioral Disturbance (Anxiety and Depression)

#### Recommendations:

##### Safety & Daily Functioning

- *Living Situation & Supervision:* Ms. Woodard should be encouraged to relocate to a more supportive living environment. Her sister reported significant safety risks, including non-functional appliances, a moldy refrigerator, and severe weight loss (dropping from approximately 170 lbs. to 106 lbs.) due to an inability to maintain adequate nutrition. Transitioning her to a memory care facility or providing 24-hour in-home care is strongly advised to optimize her safety and well-being.
- *Driving:* Given the severity of her cognitive impairment and her history of becoming lost in unfamiliar towns requiring police intervention, permanent driving cessation is strongly recommended.
- *Financial and Medication Oversight:* Ms. Woodard's sister is highly advised to maintain complete, direct oversight of all financial, legal, and medical matters as her Power of Attorney to promote her personal safety and prevent exploitation.

### Emotional Well-Being & Social Engagement

- *Routine and Structure:* Establishing a highly predictable daily routine will help mitigate Ms. Woodard's anxiety and limit her behavioral symptoms, such as irritability and inappropriate laughing or crying.
- *Social Interaction:* She should be gently encouraged to participate in preserved, familiar activities and maintain social interactions in a supervised setting, which will help reduce feelings of depression and provide a sense of purpose.

### Medical Management

- *Sleep and Mood Management:* Ms. Woodard has a history of severe sleep disturbances spanning nearly 20 years, along with a suspected history of childhood trauma. Continuing to monitor and optimize her sleep regimen (currently a low dose of trazodone) with her medical providers is highly recommended.
- *Sensory Accommodations:* Referrals to audiology and ophthalmology are recommended. Ms. Woodard has uncorrected hearing loss and requires hearing aids, though her sister will need to manage the devices due to Ms. Woodard's tendency to lose items. Additionally, she has untreated cataracts; cataract surgery should be re-evaluated once a stable postoperative care plan can be established.

### Compensatory Memory Strategies

- *Communication:* Due to her profound rapid forgetting, Ms. Woodard's retention of information should never be assumed. Caregivers should use brief instructions, speak clearly, and provide repetition often.
- *External Aids:* Information should be displayed prominently, such as using a calendar or information board for the day, date, and schedule, kept in a central location.

### Future Planning & Caregiver Support

- *Advance Directives:* It is highly recommended that the patient's family ensure all legal and medical documents (e.g., Medical Power of Attorney, Durable Power of Attorney, Advance Directives, and Will) for Ms. Woodard are fully established and up to date.
- *Caregiver Support:* Ms. Woodard's sister is strongly encouraged to engage in routine self-care given her role as the patient's primary caregiver. The Alzheimer's Association ([www.alz.org](http://www.alz.org) or 713-314-1313) provides education, resources, and caregiver support groups.

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

*Aimee Giammittorio, Ph.D.*

Licensed Psychologist

Electronically signed: 6/30/2026.