

# Houston Neuropsychology Associates, PLLC

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## Neuropsychological Evaluation

**Name:** Carolyn Wooten

**Referral Source:** Andrew Zhang, M.D.

**Date of Birth:** 10/12/43

**Date of Evaluation:** 6/26/26

**Reason for Referral:** Ms. Wooten's neurologist referred her 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.

### Functions Assessed and Instruments Employed:

#### **Background**

Clinical Interview

Medical History Questionnaire

#### **Language**

Token Test (MAE)

NAB Naming Test

Word Reading (WRAT-5)

#### **Visuospatial/Constructional**

Construction (DRS-2)

#### **Attention**

Attention (DRS-2)

#### **Learning and Memory**

Memory (DRS-2)

Hopkins Verbal Learning Test – Revised

#### **Executive Functions**

Initiation/Perseveration (DRS-2)

Conceptualization (DRS-2)

#### **Motor Functions**

Grip Strength

Praxis (KBNA)

#### **Mood/Behavior**

Dementia Severity Rating Scale

Activities of Daily Living Questionnaire

Neuropsychiatric Inventory – Questionnaire

Geriatric Depression Scale

### Identifying Information:

The following information comes from a clinical interview with Ms. Wooten, her daughter and son, and a review of available medical records. Ms. Wooten is an 82-year-old, right-handed, divorced African American female with 18 years of education.

**Presenting Problems:** Ms. Wooten reported having short-term memory problems. She has difficulty thinking of words when speaking and expressing herself clearly. “The words aren’t coming as swiftly,” she said. Interestingly, Ms. Wooten’s daughter and son denied observing any significant declines in her cognitive functioning. Rather, they indicated that Ms. Wooten developed auditory and visual hallucinations, as well as delusions, in April 2026 that ultimately prompted today’s appointment. During that time, she reported seeing negative, threatening messages written on the walls that others could not perceive, which she believed were written by her daughter. She also reported overhearing a conversation in which she believed her daughter was plotting to take her life. Consequently, she left her home, contacted her son, and walked approximately half a mile before he intercepted her. She was hospitalized for four days and then discharged home.

Since the onset of these symptoms, Ms. Wooten has been hospitalized three additional times for the treatment of her hallucinations and delusions. Most recently, she called emergency medical services because she reportedly felt unsafe. This resulted in a one-week hospitalization, followed by a transition to a skilled nursing facility on 6/10/26. Her children initiated this placement because her wandering behavior made it difficult to safely manage her care at home.

Ms. Wooten denied experiencing mood disturbance. In contrast, her daughter and son reported observing mildly heightened agitation and anxiety. Her appetite and weight are stable. She has occasional difficulty initiating sleep, though her energy level is adequate. She denied suicidal ideation. Her hallucinations and delusions have reportedly improved with pharmacologic treatment (i.e., Seroquel and olanzapine).

She stopped driving 2-3 years ago after she was unable to renew her registration in a timely manner. Her daughter noted that her parking abilities had declined, such that she tended to park outside the lines. She currently resides in a skilled nursing living facility where meals and medication management are provided. Her daughter assumed management of her finances following her hospitalization in April 2026. Her daughter added that she has observed Ms. Wooten having difficulty dressing herself. For example, she will put on clothes inside out and put her shoes on the incorrect feet. Ms. Wooten added that she has difficulty placing her arms in the correct holes as well. She also needs assistance with hair grooming and bathing. Her ability to perform activities of daily living is otherwise reportedly unchanged from her baseline.

**Medical History:** She has hypertension, prediabetes, and obesity. She has a history of a right ovarian neoplasm that was treated surgically.

A CT of the brain (4/30/26) reported no acute intracranial abnormality. An MRI of the brain (5/1/26) reported no acute intracranial abnormality. Disproportionate bilateral occipital and parameian parietal atrophy were evident and suspicious for an underlying neurodegenerative disease favoring posterior cortical atrophy. An MRI of the brain (5/13/26) reported no evidence of acute brain parenchymal process. Mild chronic white matter changes and brain volume loss were noted. A CT of the brain (5/17/26) reported no acute intracranial abnormality. Cerebrospinal fluid testing (May 2026) was positive for AB42 Tau, which raised concern for Alzheimer's pathology.

Surgeries: partial hysterectomy, ovarian neoplasm excision, and colonoscopy with biopsy.

Current medications: Eliquis, amlodipine, Aricept, olanzapine, and Seroquel.

Substance use: She denied a history of alcohol, nicotine, and recreational drug use.

Family history: Her mother died in her 60s from a myocardial infarction. Her father died in his 70s from causes known to her. She has two sisters and one brother. One of her sisters died from breast cancer. Her other sister has undiagnosed cognitive problems. Her brother died from causes unknown to her.

**Mental Health History:** In June 2026, she began taking Seroquel and olanzapine for treatment of hallucinations and irritability. She otherwise denied a history of mental health treatment.

**Educational History:** Ms. Wooten completed bachelor's and master's degrees in education at the University of Houston, as well as a master's degree in business education at LeTourneau University. She reported earning very good grades in school. She denied a history of grade retention and specific learning disorder.

**Occupational History:** She served in the US Air Force as a medical sergeant for five years. She then worked as a high school English teacher and taught undergraduate courses at various universities. She most recently worked as a supervisor and trainer for AT&T. She retired in her early 70s.

**Social History:** Ms. Wooten was born in Richmond, VA. She was married and divorced once. She has one son and one daughter. As noted above, she currently resides in a skilled nursing facility.

**Behavioral Observations:**

Ms. Wooten presented as a casually dressed, well-groomed woman. Mood was pleasant and affect was broad. Speech was fluent. She misidentified the day of the month by nine and the day of the week by one. In contrast, she knew the current month, year, and president. She misidentified the city as Houston; she was seen at our Pearland office. She could not recall the testing location. Orientation to person and situation was intact. During the test session, the examiner had to provide frequent elaboration, simplification, and repetition of test instructions, as well as additional structure. With such support, Ms. Wooten understood all test instructions adequately. She was cooperative. Due to the extent of her cognitive impairment, the planned test battery was modified. Nevertheless, the evaluation results appear to provide an accurate representation of her current level of neuropsychological functioning.

**Results:**

**Language:** Auditory comprehension of commands varying in syntactic complexity was exceptionally low. Visual object naming was exceptionally low as well. In contrast, oral word reading was average.

**Visuospatial/Constructional:** Her ability to copy simple geometric figures was exceptionally low.

**Attention:** Immediate recall of orally presented number sequences was adequate in forward order but below average in reverse order.

**Learning and Memory:** Recall of a sentence that she read moments earlier was nil. Recall of a sentence that she made up moments earlier was nil as well. Immediate forced choice recognition memory for words was below average. Immediate forced choice recognition memory for designs was below average as well.

Immediate recall of unstructured verbal material (12-word list) was exceptionally low for total word recall across three trials (1, 5, and 3 words, respectively). After a 25-minute delay, she was able to recall 2 words from the list, which is exceptionally low in relation to her level of immediate recall (40% savings). Delayed word recognition was exceptionally low as well (8 hits, 3 false positives).

**Executive Functions:** Complex verbal initiation and perseveration was exceptionally low. She was unable to perform double alternating hand movements reliably. Abstract reasoning about conceptual similarities and differences was low average, however. In contrast, her copy of an

alternating square-triangle sequence was flawed. Her copy of an alternating X-O sequence was flawed as well.

**Motor:** Grip strength was exceptionally low in the right hand and below average in the left hand. Praxis, including buccofacial and limb transitive and intransitive movements, was below average. She made several body part as object errors.

**Mood/Behavior:** Ms. Wooten's self-report of depressive symptoms fell within normal limits.

**Impression:** Moderate Dementia, Probably Due to Alzheimer's Disease,  
w/Behavioral Disturbance

Ms. Wooten's neuropsychological evaluation revealed moderate to severe impairments in auditory comprehension, object naming, basic attention and constructional skills, episodic memory, executive functions, and grip strength. Mild impairments were evident in abstract verbal reasoning and praxis. The examiner had to provide frequent elaboration, simplification, and repetition of test instructions, as well as additional structure.

In contrast, she demonstrated relatively well-preserved word reading. Orientation to person and situation was intact.

Her self-report of depressive symptoms fell within normal limits. According to her son and daughter, however, she has experienced visual and auditory hallucinations, as well as delusions. She has also exhibited heightened agitation and anxiety.

Ms. Wooten's history and current test data reveal multiple cognitive impairments that represent a significant decline from her estimated premorbid level, which correlate with difficulty performing several instrumental activities of daily living independently. A diagnosis of moderate dementia is warranted. Impairments in receptive and expressive language, episodic memory, executive functions, and grip strength are all salient findings. The present data appear consistent with a neurodegenerative process, most likely the posterior cortical atrophy variant of Alzheimer's disease. Her hallucinations, delusions, and agitation appear to be symptomatic of her dementia.

**Recommendations:**

1. Ms. Wooten appears to be a good candidate for pharmacologic treatment of her moderate dementia, as well as ongoing treatment of her associated neuropsychiatric symptoms.
2. Her comprehension and retention of information should not be assumed in any conversation or other communication. A family member or trusted associate should accompany her to all doctor visits and other important meetings. She would benefit from assistance with complex decision-making. Provision of information in written form may be helpful so that she may refer to it later.
3. Continued oversight of her medications and finances would be prudent. She should continue not to drive.

4. Consideration of in-home health care services or assisted living options is recommended should she be discharged from the skilled nursing facility. Independent living would likely involve serious safety risks.
5. Regular physical exercise is recommended for its beneficial effects on brain health, mood, and cognitive maintenance.
6. It will be important for the patient to have opportunities to socialize with others and sufficient stimulation. She may also enjoy nostalgia-oriented materials for recreational purposes (e.g., old movies and music). Although she will probably have difficulty following new movies and programs, she may enjoy listening to or viewing those with which she is already familiar.
7. The Alzheimer's Association (<https://alz.org/texas>) provides useful information and resources for AD patients and their family members. Her family members may benefit from enrollment in a support group for caregivers of persons with dementia.

Dr. Zhang, thank you for this kind referral. If we may be of further assistance, please do not hesitate to contact us.

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Electronically signed: 6/30/26.