Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Varaphorn Chaoman **Referral Source:** Jonathan Garza, MD

Date of Birth: 10/15/1946 **Date of Evaluation:** 7/7/2026

Reason for Referral: Dr. Garza referred Ms. Chaoman for neuropsychological evaluation due to suspected cognitive dysfunction. Results will elucidate her current level of functioning to inform diagnostic decision-making and 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, Vocabulary)
Academic
Wide Range Achievement Test – 5 (Word Reading)
Language
NAB Naming Test
Verbal Fluency (FAS)
Semantic Fluency (Animal Naming)
Visuospatial/Constructional
Judgment of Line Orientation
Rey Complex Figure Test (copy)
Attention/Working Memory
Digit Span (WAIS-IV)
Processing Speed
Coding (WAIS-IV)
Learning and Memory
Hopkins Verbal Learning Test – Revised (HVLT-R)
Logical Memory (WMS-IV)
Visual Reproduction (WMS-IV)
Executive Functions
Color Trails Test (CTT)
Modified Wisconsin Card Sorting Test (MWCST)
Motor Functions
Grip Strength Test
Mood/Behavior
Patient Health Questionnaire – 9 (PHQ-9)
Generalized Anxiety Disorder Questionnaire – 7 (GAD-7)

Identifying Information:

The following information comes from a clinical interview with Ms. Chaoman and her daughter, as well as a review of available medical records. She is a 79-year-old, right-handed, married, Asian (Thai) female with 13 years of education.

Presenting Problems: Ms. Chaoman's daughter reported the gradual onset of progressive cognitive problems approximately two years ago. Specifically, she has difficulties with recall of recent events and conversations, recall of item placement, organization, and word finding. She also repeats herself. She became confused about the location of a familiar restaurant. Records indicate that she tends to perseverate on historical family events. Ms. Chaoman has occasionally forgotten to pay bills, but most are now set to autopay. No problems were reported with medication dispensation, cooking, or driving. She functions independently for physical self-care tasks.

She denied mood symptoms. Her daughter has observed mild irritability and noted that she sometimes thinks that others seek to steal from her or harm her in some way. There appears to be no indication of hallucinations.

Ms. Chaoman's sleep and energy level are good. Her appetite is normal and her weight is stable.

Medical History: Her medical history includes hypertension, hyperlipidemia, heart disease, prediabetes, hypothyroidism, bilateral cataracts, osteoarthritis, osteopenia, and breast cancer (treated with chemotherapy and radiation in 2020). She denied a history of head trauma with loss of consciousness.

Surgeries: lumpectomy, hysterectomy, lung biopsy, and bilateral cataract surgery.

Current medications/supplements: atorvastatin, metoprolol, amlodipine, levothyroxine, fish oil, Centrum, and Citracal.

Substance use: Ms. Chaoman denied a history of alcohol, nicotine, or recreational drug use.

Family history: Her father passed away at approximately age 70; his medical history included hypertension and diabetes. Her mother died in her early 80s; she had hypertension, diabetes, and kidney disease. Family history is negative for dementia.

Mental Health History: Ms. Chaoman has no history of mental health treatment.

Educational History: Thai was Ms. Chaoman's first language. She began learning English as a school subject in elementary school. At present, she reported equal facility in both languages; she speaks mostly Thai at home.

She completed her education through high school in Thailand. In the United States, Ms. Chaoman attended the University of Houston, where she completed 14 college classes. She reported earning average grades, with no history of identified learning problems.

Occupational History: She is retired. She worked in the health and beauty department in a grocery store for over 20 years.

Social History: She was born and raised in Bangkok, Thailand. Ms. Chaoman and her husband married in 1976 or 1978 and relocated to the United States in 1978. The couple has 2 children. Ms. Chaoman currently resides in Houston with her husband.

Behavioral Observations:

Ms. Chaoman presented as a casually dressed, adequately groomed woman. Occasional hearing difficulties were noted but did not appear to interfere with the testing process. Vision (corrected) appeared adequate for the purposes of the evaluation. Gait and other gross motor behaviors appeared normal. Level of insight appeared reduced. She had some difficulty providing background information during the clinical interview and auditory comprehension appeared

problematic at times. Conversational speech was fluent and marked by an accent. Mood generally appeared euthymic although irritability was sometimes noted on tasks that appeared challenging for her. Affect was broad. She sometimes required clarification of task instructions as well as occasional reminders. She performed normally on embedded measures of performance validity. Thus, the present results are believed to provide an accurate representation of Ms. Chaoman's current level of neuropsychological functioning.

Results:

Mental Status: On the MMSE, Ms. Chaoman obtained a score of 22/30. She was not oriented to the date (off by 2) or specific place. She recalled 0 of 3 items after a brief delay. She made errors on tasks involving serial subtraction, phrase repetition, and copy of the intersecting pentagons. Her language learning history likely impacted her performance on the MMSE to some extent.

Intellectual: On a short form of the WAIS-IV, Ms. Chaoman obtained a General Ability Index of 83, which falls within the low average range. Index scores were as follows: Verbal Comprehension – 72 (below average) and Perceptual Reasoning – 100 (average). On specific subtests, construction of abstract block designs and visual pattern analysis were average. Verbal abstraction and expressive vocabulary were below average. Ms. Chaoman's language learning history likely contributed to reduced performance on verbal subtests.

Academic: Oral word reading was low average, consistent with expectations given her language learning history.

Language: Visual object naming was low average. In contrast, controlled oral verbal fluency was exceptionally low to both phonemic and semantic criteria. After accounting for Ms. Chaoman's language learning history, her performance on the semantic fluency task is below expectations.

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

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

Processing Speed: Transcription of symbols according to a key was average.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was exceptionally low for total word recall across three trials (2, 5, and 5 words, respectively). After a 20-minute delay, Ms. Chaoman did not recall any words from the list (exceptionally low). Delayed word recognition was also exceptionally low (8 hits, 7 false positives).

Immediate recall of structured verbal material (stories) was below average. She did not recall any story details upon delayed retesting (exceptionally low). In contrast, delayed recognition was low average.

Immediate recall of geometric figures was average. She did not recall any figural elements upon delayed retesting (exceptionally low). In contrast, delayed figural recognition was low average.

Executive Functions: Speed of visual-graphomotor tracking was average for a simple (numerical order) but exceptionally low for a complex (alternating number-color) sequence. Her performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was below average for the abilities to establish and shift response set.

Motor Functions: Grip strength was low average for the dominant (right) hand and average for the nondominant hand.

Mood/Behavior: Ms. Chaoman endorsed no depressive or anxiety symptoms on self-report measures.

Impression: Dementia of the Alzheimer's Type, Mild Severity

Ms. Chaoman demonstrated impairments in acquisition and consolidation of structured (stories) and unstructured (rote list learning) verbal information, retrieval of visual information, complex visual-graphomotor tracking, novel problem solving, working memory, and complex visuoconstruction.

Her performance on language testing was generally consistent with expectations given her language learning history, except for an impairment in semantic fluency. Ms. Chaoman's performance was within normal limits across tasks assessing construction of abstract block designs, visual pattern analysis, visuospatial judgment, simple attention, processing speed, and bilateral grip strength.

She endorsed no mood symptoms. Her daughter has observed mild irritability and noted that she sometimes thinks that others seek to steal from her or harm her in some way.

In sum, the most salient aspects of the present findings are impairments in verbal memory, visual memory, and aspects of executive functioning. A decline from her estimated level of premorbid functioning is indicated in these areas, with evidence for both cortical and subcortical dysfunction. Ms. Chaoman's cognitive dysfunction would be expected to yield impaired performance of instrumental activities of daily living. Her lack of reported problems in this area may be associated with the use of well-established routines in a structured environment. Overall, these findings are consistent with a mild dementia. Ms. Chaoman's history, presentation, and test findings appear most likely attributable to an Alzheimer's disease etiology.

Recommendations:

1. Ms. Chaoman appears to be a good candidate for pharmacological management of her mild dementia.

2. No driving-related problems were reported. However, her impairments in visual memory and aspects of executive functioning raise concern about her driving safety. She should use ample caution in driving and should limit it to short distances and familiar locations under favorable conditions. Additionally, Ms. Chaoman should keep a mobile phone with her as a precaution in the event that she becomes lost or needs assistance. Others should handle transportation needs whenever feasible. Further details may be gathered through a formal driving evaluation, which could be obtained at Strowmatt Rehabilitation Services (713-722-0667 or www.driverrehabservices.com).

3. Regular assistance with medication dispensation, financial management, and major decision-making tasks is recommended given Ms. Chaoman's impairments in memory and aspects of executive functioning. Supervision for cooking and for the operation of potentially dangerous household appliances should be provided to help ensure her safety. The probably progressive nature of her dementia implies a need to plan in terms of her living situation and future health care needs.

4. She 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 her chances of successful task completion. Multi-tasking should be avoided when possible.

5. Ms. Chaoman should be accompanied by a family member or trusted associate to all medical appointments given her cognitive impairments. Her retention of information should not be assumed. The provision of information in written form may be helpful so that she may refer to it later. She would benefit from assistance with complex decision-making. She may lack the capacity to make rational, informed decisions about her personal affairs due to her cognitive impairments.

6. Her mood and behavioral functioning should be monitored over time to determine whether pharmacological treatment becomes warranted.

7. Ms. Chaoman and her family may benefit from information and resources available through the Alzheimer's Association (www.alz.org/texas or 713-314-1314).

Dr. Garza, 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: 7/16/2026

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).