Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

NAME: Nay Chevalier, Ed.D. **REFERRAL SOURCE:** Beatriz Casas, PA-C

DATE OF BIRTH: 01/22/1983 (43) **DATE OF EXAM:** 07/20/2026

REASON FOR REFERRAL

Beatriz Casas, PA-C, referred Dr. Chevalier for a neuropsychological evaluation due to suspected cognitive decline. The present test results will elucidate her current level of functioning to inform diagnostic decision-making and treatment planning.

***Identifying Information*:** The following information was obtained from a clinical interview with Dr. Chevalier and a review of available medical records. Dr. Chevalier is a 43-year-old, right-handed, married, African American female with 20 years of education.

***Presenting Problem*:** Dr. Chevalier reported that she was referred for testing due to concerns about cognitive decline since December 2024. While she noted her symptoms had been progressively worsening, she acknowledged slight improvement and reduced frustration over the past few weeks. Nonetheless, she endorsed memory loss, noting that she forgets names, misplaces items, repeats herself, and asks others to repeat information. She also relies heavily on her cell phone to remember appointments. Furthermore, she described word-finding difficulties, reduced processing speed, and visuospatial challenges.

Functionally, Dr. Chevalier indicated that she is capable of performing basic self-care tasks. Regarding instrumental activities of daily living, no changes were noted in her ability to cook or drive. However, she stated that she lacks motivation to complete household chores and manage her medications. Concerning financial management, she admitted to forgetting to pay bills more frequently in recent months, though she mitigates this by utilizing compensatory strategies.

From an emotional standpoint, Dr. Chevalier endorsed a history of chronic depression that has reemerged in recent months. She also reported experiencing symptoms of anxiety, irritability, and agitation over the past one to two years. She denied suicidal ideation or symptoms suggestive of psychosis. Dr. Chevalier reported that her weight tends to fluctuate within a 10-pound range. She described her sleep onset as poor without medication and noted that she is a light sleeper. Additionally, she indicated that her energy level varies.

MEDICAL HISTORY

Dr. Chevalier's medical history is significant for hypertension, unspecified autoimmune disease causing sacroiliitis, endometriosis, uterine fibroids, and arthritis. Additionally, she noted experiencing episodes of dizziness, headaches, and transient visual changes characterized by her vision occasionally going black for less than ten minutes. Although she reported a history of obstructive sleep apnea prior to weight loss surgery, she denied using a CPAP machine since her procedure.

Surgeries: Dr. Chevalier's surgical history includes a blood transfusion, cesarean delivery, cholecystectomy, gastric bypass, hysterectomy, and LASIK surgery.

Current Medications: Her medication regimen includes albuterol, ergocalciferol, gabapentin, hydrochlorothiazide, ibuprofen, phentermine-topiramate, sulfasalazine, and tizanidine.

Substance Use: She denied a history of alcohol, nicotine, or recreational drug abuse.

Family History: Dr. Chevalier indicated that her mother is 75 years old and has a history of diabetes and rheumatoid arthritis. Her father died at age 68 and had a history of high blood pressure and prostate cancer. She has one brother and four sisters, with no known health issues reported among them. Of note, Dr. Chevalier mentioned that her maternal grandmother had schizophrenia.

MENTAL HEALTH HISTORY

Dr. Chevalier reported that she has participated in psychotherapy intermittently throughout her adult life, and she most recently resumed counseling services in January 2025. She was prescribed psychotropic medication once around 2013 for approximately two months. She added that she was also prescribed duloxetine last year for autoimmune pain, but it was discontinued due to adverse cognitive and physical side effects.

EDUCATIONAL HISTORY

Dr. Chevalier completed 20 years of formal education, culminating in a doctorate degree (Ed.D.) in education and counseling from Houston Baptist University. She had previously earned a bachelor's degree in criminal justice and master's degrees in educational administration and counseling from Prairie View A&M University. She reported earning a 2.7 grade point average during her undergraduate studies and predominantly "A" grades thereafter. She denied a history of special education services, specific learning disorders, or grade retention.

OCCUPATIONAL HISTORY

Dr. Chevalier was employed as a teacher and administrator for 19 years. She stopped working full-time in June 2025 but worked periodically as a substitute teacher afterward. She obtained her Licensed Professional Counselor credential in April 2026 and began working part-time as a counselor in May.

SOCIAL HISTORY

Dr. Chevalier was born and raised in Tyler, Texas. Her primary language is English. Dr. Chevalier has been married four times and divorced three times. She currently resides in Houston, Texas, with her husband of three years and her biological daughter from her first marriage, who periodically lives at home while attending college.

BEHAVIORAL OBSERVATIONS

Dr. Chevalier arrived approximately 15 minutes late and was unaccompanied. She was appropriately dressed, well-groomed, and ambulated without assistance. Her vision and hearing were adequate for testing purposes. Her speech was within normal limits. She reported that her mood was “good,” but her affect was dysthymic. Overall, Dr. Chevalier was cooperative, and she persevered throughout testing. The results of this evaluation are considered a valid assessment of her current neuropsychological functioning.

TESTS ADMINISTERED

- Adult Neuropsychology History Questionnaire
- Clinical interview with the patient
- Mini Mental State Examination (MMSE)
- Wide Range Achievement Test – 5th Edition, Word Reading
- Wechsler Adult Intelligence Scales – IV, selected subtests
- Hopkins Verbal Learning Test – Revised
- Wechsler Memory Scale – IV, selected subtests
- Neuropsychological Assessment Battery, Naming
- Controlled Oral Word Association Test
- Animal Fluency Test
- Rey Complex Figure Test, copy
- Judgment of Line Orientation Test, short form
- Grooved Pegboard Test
- Trail Making Test
- Delis-Kaplan Executive Function System, selected subtests
- Beck Anxiety Inventory
- Beck Depression Inventory – II
- Minnesota Multiphasic Personality Inventory – 2 RF

NEUROPSYCHOLOGICAL FUNCTIONING

***Mental Status*:** Dr. Chevalier obtained a score of 29 out of 30 on the MMSE. She was unable to recall one of the three words after a brief delay.

Premorbid Intelligence: Her estimated premorbid intellectual functioning based on single-word reading was average.

Attention & Processing Speed: Performance across digit repetition, reversal, and sequencing was average. Speeded rote color naming was high average, and speeded rote word reading was average. Visual scanning and symbol identification were above average. Number and symbol transposition and speeded visual-graphomotor tracking of a numerical sequence were average.

Learning & Memory: Word list learning was low average, and delayed list recall was below average, as was list recognition memory. Immediate and delayed story memory were average, and story recognition memory was within normal limits. Immediate visual memory was low average, and delayed visual memory was average. Visual recognition memory was within normal limits.

Language: Phonemic verbal fluency was exceptionally low, while semantic verbal fluency was low average. Confrontation naming was also low average, and expressive vocabulary was average.

Visuospatial/Construction: Visuospatial judgment and visual organization of abstract block designs were average. In contrast, complex figure construction was below average.

Motor Functioning: Fine motor dexterity was average with her dominant hand and low average with her nondominant hand.

Executive Functioning: Nonverbal abstraction was above average, while verbal abstraction was average. Response inhibition was high average for speed and average for accuracy. Similarly, set-shifting speed was high average and set-shifting accuracy was average. Speeded visual-graphomotor tracking of an alternating alphanumeric sequence was high average.

Emotional & Behavioral Functioning: On brief self-report measures of mood, Dr. Chevalier endorsed moderate symptoms of anxiety and depression. She also completed a comprehensive measure of personality functioning. However, validity scales revealed a pattern of inconsistent responding, suggesting that her high level of psychological distress may have amplified her reporting of symptoms. Therefore, caution was used when interpreting her personality profile.

Across this inventory, she reported depressive symptoms. She described unhappiness, anhedonia, minimal interests, few positive emotional experiences, pessimism, and low self-esteem. She also endorsed feelings of insecurity and guilt. Anxiety symptoms were evident as well. Specifically, she noted worry, stress, rumination, and self-criticalness. Interpersonally, Dr. Chevalier reported familial discord and introversion. Additionally, she endorsed significant health-related concerns, such as malaise, headaches, neurological symptoms, and cognitive dysfunction. Of note, her response pattern suggests that her emotional distress may be exacerbating her physical symptoms.

SUMMARY

Dr. Chevalier was referred for this evaluation to assess for objective evidence of cognitive decline. Her current neuropsychological profile revealed relative weaknesses in phonemic verbal fluency, complex figure construction, and rote verbal memory (delayed recall and recognition). Low average scores were evident in word list learning, semantic verbal fluency, confrontation naming, immediate visual memory, and fine motor dexterity with her nondominant hand. The remainder of her test results fell at or above normative expectations. On measures of emotional functioning, she reported moderate depression and anxiety, as well as significant health-related symptoms that may be exacerbated by her current psychological distress.

While Dr. Chevalier's concerns about cognitive decline are understandable, her current test results identified mild variability rather than a cohesive pattern to suggest cerebral dysfunction impacting cognition. Based on her

overall presentation, an underlying neurological etiology appears unlikely. However, her performance pattern did identify cognitive inefficiency consistent with underlying psychological factors, reported poor sleep, and potential cognitive side effects of her current medication regimen (e.g., gabapentin, tizanidine, phentermine-topiramate). Effective treatment of her emotional symptoms and sleep disturbance, along with medical monitoring of her pharmacological regimen, would be expected to yield improvements in her overall level of functioning.

Impressions: Cognitive Inefficiency Secondary to Non-Neurological Factors
Major Depressive Disorder, Moderate, with Anxious Distress

Recommendations:

1. **Psychological & Behavioral Health**: Dr. Chevalier is strongly encouraged to continue participating in psychotherapy. Given her concerns about pharmacological management of her mood-related symptoms, she may benefit from consulting with a psychiatrist to discuss these matters and carefully explore possible pharmacological options for managing her moderate depression and anxiety. Furthermore, she is encouraged to continue participating in social and physical activities. Routine activity and social interaction will be essential to maintaining good health and reducing social withdrawal.

2. **Sleep Hygiene**: Dr. Chevalier is encouraged to implement consistent sleep hygiene practices. This includes maintaining a uniform sleep-wake schedule seven days a week. She would also benefit from establishing a relaxing pre-sleep routine and minimizing exposure to blue light from screens (e.g., smartphones, tablets, television) at least one hour before bedtime. Given that she wakes easily, optimizing her bedroom environment—ensuring it is cool, completely dark, and quiet (or utilizing a white noise machine)—is recommended. Limiting caffeine and heavy meals in the late afternoon and evening may also aid in sleep onset.

3. **Medication Review:** It is recommended that Dr. Chevalier consult with her prescribing physicians to review her current medication regimen. Specifically, medications such as phentermine-topiramate, gabapentin, and tizanidine are known to have central nervous system effects that can contribute to cognitive inefficiency. A collaborative review to explore potential dose modifications or alternative therapies, if medically feasible, may help optimize her cognitive functioning and improve her overall well-being.

4. **Daily Organization & Compensatory Strategies**: She is encouraged to continue utilizing her smartphone and other electronic devices to manage her schedule and appointments, as well as setting up automatic payments for her finances. Continuing to rely on these external memory aids will reduce the cognitive load on her working memory and improve daily efficiency. Establishing a structured daily routine and breaking larger household chores into smaller, manageable tasks may help mitigate her feelings of overwhelm and amotivation.

5. **Medical Management & Continuity of Care**: She should continue to follow up with her primary care provider and relevant specialists to manage her chronic conditions, including her hypertension and autoimmune-related pain. Additionally, repeat neuropsychological testing may be warranted in the future if her cognitive concerns persist or worsen despite treatment of her mood, sleep, and medication regimen.

Thank you very much for allowing me to participate in the care of this patient. If I can provide additional assistance or information, please do not hesitate to contact me at (713) 893-7105.

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Board Certified, American Board of Clinical Neuropsychology
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