Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name: Alina Cormier
Date of Birth (Age): 1/25/1965 (61)
Ethnicity/Race: Caucasian/White
Date of Evaluation: 7/2/2026

Education: 13
Handedness: Right
Occupation: Retired
Marital Status: Married

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 husband, as well as a review of available medical records. Ms. Alina Cormier is a 61-year-old, right-handed, Caucasian/White female referred for neuropsychological evaluation by Leslie Juarez, PA-C, secondary to concern about cognitive decline. MMSE was 28/30 on 5/11/2026.

Cognitively, Ms. Cormier reported "a lot of problems remembering easy stuff." She noted that these changes started about a year ago. She forgets if she has taken her medicine, and she frequently gets on her phone only to forget what she was going to do. Her husband described her as seemingly "scatter brained" and easily distracted. She is bilingual but has recently been struggling to remember words and pronounce them in Spanish.

Functionally, Ms. Cormier denied major changes in her ability to perform instrumental activities of daily living. She manages her finances on autopay and checks her bank statement daily. She uses a pill organizer but struggles to take medications at the exact same time. She continues to do most of the cooking using recipes, though she has left the stove on. Her husband completes the cleaning and laundry due to his self-described OCD. She occasionally gets confused about appointment days. Her husband does most driving. She denied any difficulty with personal care activities.

Physically, Ms. Cormier experiences mild balance issues, which she suspects is related to osteoporosis; she has not suffered any falls. She has been exercising in the pool, which she feels has been helpful for her physical and mental health. Ms. Cormier wears reading glasses for up-close vision. She acknowledged mild changes to her hearing but does not have hearing aids. She has chronic neck pain, a fused C4-5, and jaw pain related to a recent implant.

Emotionally, Ms. Cormier described distinct changes to her mood over the last seven years since undergoing menopause and a hysterectomy in relation to endometrial cancer. She described feeling moody, stating that her emotions go into "overdrive" and she can be "so mean" to her family. Her spouse corroborated her report. He also described the patient as a "worry wort," noting that she routinely worries about her children and grandchildren. Suicidal ideation was denied. Behavior suggestive of psychosis was absent.

Regarding health habits, Ms. Cormier has been taking trazodone to facilitate sleep. She stays up until 1:00 or 2:00 AM, takes trazodone, and wakes around 9:00 or 10:00 AM. Her sleep apnea resolved following weight loss. She has a healthy appetite but feels less hungry with her medications. She consumes 2-3 alcoholic beverages in social settings about three times per week. History of alcohol abuse was denied. She does not use nicotine or illicit substances.

Medical & Psychiatric History: Medical history is remarkable for hypertension, hyperlipidemia, endometrial cancer (s/p hysterectomy and radiation), psoriasis, liver disease, sleep apnea (resolved), and osteoporosis.

Surgical history is notable for partial colectomy, anterior cervical discectomy, oophorectomy, gastric sleeve, and breast implants.

Psychiatric history is notable for depression and anxiety, which is currently being treated with psychotropic medications. She has no history of inpatient psychiatric admission.

Imaging (MRI Brain performed on 05/13/2026) was read to show "Moderate diffuse cerebral atrophy especially affecting the parietal lobes bilaterally. Moderate chronic microvascular ischemic changes are noted, worse compared to prior exam."

Family medical history is notable for dementia in her maternal grandfather's two sisters. Her mother passed away at 72 with heart issues and was a smoker. Her father's health history is unknown. Her sister has a history of severe depression and substance addiction.

Medications: venlafaxine, clonidine, memantine, rosuvastatin, tramadol, olmesartan, spironolactone, trazodone, Zepbound, and Tremfya.

Psychosocial History: Ms. Cormier was born and raised in Miami until age 14, when she moved to Texas. She is bilingual in English and Spanish, having learned both languages concurrently. She denied a history of learning problems. She graduated high school and completed one year of college.

Ms. Cormier worked as a property manager for 28 years and was a realtor until retiring in 2018.

Ms. Cormier is married. She reported two prior marriages from which she has three children and five grandchildren.

In her leisure time, she enjoys spending time with her family. She used to enjoy playing poker and fishing but is no longer engaged in these activities.

Behavioral Observations: Ms. Cormier presented to the appointment on time. She was accompanied by her spouse. She was well dressed and groomed. She ambulated independently, with unremarkable gait and motor behavior. Interpersonally, Ms. Cormier was friendly. Comprehension was grossly intact. Spontaneous speech was clear and fluent. Thought content was logical. There was no behavioral indication of hallucinations or delusional thinking. Ms. Cormier was alert and fully oriented to person, place, and time. She exhibited good eye contact. Vision (corrected) and hearing were adequate for the purposes of testing. Affect was broad and appropriate to setting. Rapport was established with ease. With regard to test-taking style, Ms. Cormier exhibited a mildly anxious demeanor, which was consistent with her reported mood. She understood task instructions as provided and occasionally attempted to begin activities ahead of instruction to do so. She worked quickly and appeared eager to complete testing. She was cooperative and completed all activities asked of her.

Results: Ms. Cormier scored within expected limits on measures of task engagement/performance validity. Cognitive results are considered valid.

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

Domain	**Test Name**	**Raw Score**	**Descriptor**
Auditory Attention	WAIS-IV DSF	8	Average
	WAIS-IV DSB	7	Average
	WAIS-IV DSS	7	Average
Visual Attention & Processing Speed	WAIS-IV Coding	39	Low Average
	WAIS-IV Symbol Search	24	Average
	Trail Making Test- A	37 seconds	Average
	D-KEFS Color-Word Color Naming	48 seconds	Exceptionally Low
	D-KEFS Color-Word Word Reading	34 seconds	Below Average
Language	WRAT-5 Word Reading	61	Average
	NAB Naming	29	Low Average
	Animal Naming	13	Below Average
Verbal Memory	CVLT-3 Total (3-6-9-8-13)	39	Average
CVLT-3	Short Delay Free	9	Average
	Short Delay Cued	11	Average
	Long Delay Free	6	Low Average
	Long Delay Cued	8	Low Average
	Total Repetitions	9	Average
	Total Intrusions	13	Low Average
	Recognition Hits	11	Below Average
	False Positives	2	Average

	Recognition discrimination	---	Low Average
WMS-IV	Logical Memory I	28	Average
	Logical Memory II	24	Average
	Recognition	24	Within Normal Limits
Visual Memory			
WMS-IV	Visual Reproduction I	15	Exceptionally Low
	Visual Reproduction II	7	Below Average
	Recognition	2	Exceptionally Low
Visuospatial	WAIS-IV Matrix Reasoning	16	Average
	Benton Judgment of Line Orientation	26	High Average
	RCFT Copy	29; methodical approach; figure marked by imprecision	Exceptionally Low
Executive Functioning	FAS	41	Average
	Trail Making Test- B	173 seconds; 1 error	Below Average
	D-KEFS Color-Word Inhibition Time	126 seconds	Exceptionally Low
	D-KEFS Color-Word Inhibition Errors	5	Low Average
	D-KEFS Color-Word Inhibition/Switching Time	97 seconds	Low Average
	D-KEFS Color-Word Inhibition/Switching Errors	0	High Average
	WAIS-IV Similarities	24	Average
	M-WCST Categories Completed	5	Low Average
	M-WCST Perseverative Errors	6	Below Average
Motor	Grooved Pegboard- DH (Right)	77 seconds	Low Average
	Grooved Pegboard- NDH (Left)	99 seconds	Low Average
Self-Report	BDI-II	20	Moderate symptoms of depression
	GAD-7	19	Severe symptoms of anxiety

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 reported academic/vocational achievement and performance indicators.

Ms. Cormier scored broadly within normal limits on measures of single word reading, confrontation naming, phonemic fluency, and verbal concept formation. Semantic fluency was reduced, falling within the below average range.

Performances were also within expectation on auditory attention/digit manipulation and visual attention and psychomotor speed. In contrast, rapid word reading and color naming were within the below average to exceptionally low range, respectively.

Nonverbal reasoning and visuospatial perception were within the average to high average range. Her copy of a complex figure was marked by imprecision, scoring in the exceptionally low range, but she exhibited a methodical approach to figure copy.

Verbal learning and memory fell within expected limits. Story learning and memory was solidly within the average range. Immediate recall of unstructured verbal information was average, but delayed recall was low average; recognition discrimination was also within the low average range. In contrast, registration and retrieval of visual information presented as a relative weakness, falling within the exceptionally low to below average range; recognition was exceptionally low.

Ms. Cormier's performances across measures of executive functioning were varied, though largely representative of mild decline. On a novel card sorting task, her ability to establish cognitive set was low average, whereas set-shifting was below average. She scored in the below average range on a speeded alphanumerical sequencing task. She exhibited prominent difficulty on a speeded response inhibition task, performing the task slowly and with errors; however, she scored in the low average range on a complex aspect of this task.

Bilateral fine motor speed was within the low average range.

From an emotional standpoint, she endorsed clinically elevated symptoms of anxiety (severe) and depression (moderate).

Summary: Ms. Cormier's neurocognitive profile is remarkable for multiple cognitive strengths, as several scores were broadly within expectation. However, she also exhibited weaknesses that are concerning. The most salient declines are in semantic fluency, rapid color naming and word reading, visual learning and memory, and cognitive flexibility.

Functionally, Ms. Cormier and her husband report an increasing reliance upon compensatory strategies to manage her cognitive difficulties. She has transitioned her finances to automatic payments and relies on a pill organizer for medication management. This occurs alongside notable instances of scheduling confusion, such as attending appointments on the wrong day, and increased everyday distractibility.

Considering all available clinical information, including objective test findings and subjective complaints regarding cognitive decline, a diagnosis of Mild Cognitive Impairment, Multiple Domain Type is warranted at this time. Although she did not exhibit a classic amnestic presentation, there was objective evidence of reduced delayed recall on an verbal memory task. The etiology of her cognitive decline appears multifactorial. Recent neuroimaging revealed moderate diffuse cerebral atrophy affecting the parietal lobes, as well as moderate chronic microvascular ischemic changes, suggesting a clear cerebrovascular contribution. Additionally, her significant psychological distress (severe anxiety, moderate depression), late-night sleep schedule, and the potential impact of hormonal shifts—given her reported onset of mood swings and brain fog following a past hysterectomy and menopause—likely deplete her cognitive reserve and exacerbate her cognitive inefficiencies. However, an underlying neurodegenerative process cannot be fully excluded given her neurocognitive profile and significant family history of dementia. Close clinical monitoring remains essential, where additional neurological work-up may be beneficial.

Diagnosis: Mild Cognitive Impairment, Multiple Domain Type
Major Depressive Disorder, Recurrent, Moderate
Generalized Anxiety Disorder

Recommendations:

Medical & Neurological Management

- *Vascular Health*: Given Ms. Cormier's medical history of hypertension and hyperlipidemia, alongside recent MRI findings indicating moderate chronic microvascular ischemic changes, aggressive management of her vascular risk factors is strongly recommended. Controlling cardiovascular risk is critical to protecting long-term brain health and mitigating further vascular-related cognitive decline.
- *Neurology Follow-Up:* She should follow up with her referring provider to discuss the results of this evaluation and consider additional neurological work-up.

Psychiatry & Sleep Management

- *Psychotherapy & Medication Review:* Ms. Cormier endorsed severe symptoms of anxiety and moderate symptoms of depression. High levels of emotional distress can mimic or exacerbate cognitive inefficiencies. Individual counseling is highly recommended to provide a supportive space to process her mood swings, frustration, and worry. A consultation with her prescribing provider to review her current psychotropic regimen may also be beneficial.
- *Sleep Hygiene:* Ms. Cormier currently stays awake until 1:00 or 2:00 AM to take trazodone, sleeping until 9:00 or 10:00 AM. She would likely benefit from education regarding sleep hygiene strategies and a consultation with a sleep medicine specialist to gradually shift her routine to a more conventional, restorative sleep-wake schedule. Psychotherapy, such as cognitive behavioral therapy, may also be helpful for optimizing sleep quality.

Safety & Daily Functioning

- *Cooking Supervision:* Given Ms. Cormier's reported difficulties with memory and distractibility, as well as a recent instance of leaving the stove on, implementing gentle oversight during cooking may be considered to ensure safety. Utilizing timers or exploring automatic shut-off devices can be helpful ways to support her independence and allow her to continue enjoying this activity.
- *Medication Management:* While she currently utilizes a pill organizer, she continues to struggle with taking her medications at consistent times. Her husband should provide direct oversight and verification of her medication adherence to prevent missed or accidental double doses.
- *Driving Precautions:* Given her vulnerabilities in complex visual-graphomotor tracking, response inhibition, and visuospatial construction, Ms. Cormier should exercise caution while driving. It is recommended that she restrict her driving to highly familiar, short distances under favorable conditions. If concerns arise, a formal behind-the-wheel driving evaluation is encouraged. Strowmatt Rehabilitation Services (713-722-0667) is a recommended resource.

Compensatory Memory Strategies: Ms. Cormier should continue to utilize her current successful strategies, such as keeping her finances on autopay. To address her instances of scheduling confusion and everyday distractibility, the family should implement a prominent, centralized daily calendar and routinely review it. Delivering important information in short, simple sentences and providing written accompaniment will also help reduce the burden on her memory.

Physical & Emotional Well-Being: Ms. Cormier is strongly encouraged to continue her routine of exercising in the pool. This activity provides excellent cardiovascular benefits, supports her mental health, and safely mitigates the mild balance issues she experiences related to her osteoporosis.

Advance Directives: It is recommended that the family ensure all legal and medical documents (e.g., Medical Power of Attorney, Durable Financial Power of Attorney, and Advance Directives) are established and up to date.

Re-evaluation: A repeat neuropsychological evaluation in 12 to 18 months is recommended to objectively gauge the trajectory of her cognitive difficulties, help clarify the underlying etiology, and update treatment recommendations.

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

Aimee Giammittorio, Ph.D.
Licensed Psychologist

Electronically signed: 7/2/2026.