

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name: Beth Frohme
Date of Birth (Age): 7/8/1938 (87)
Ethnicity/Race: Caucasian/White
Date of Evaluation: 7/2/2026

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

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 daughters, as well as a review of available medical records. Ms. Beth Frohme is an 87-year-old, right-handed, Caucasian/White female referred for neuropsychological evaluation by Angelica Miller, FNP-C, secondary to concern about cognitive decline. MMSE was 30/30 on 6/18/2026.

Cognitively, Ms. Frohme and her family presented with concerns about memory loss and “losing days.” Between October 2025 and May 2026, she experienced approximately five instances where she could not account for specific periods of time, initially attributed to recurrent urinary tract infections. However, she has experienced major episodes of disorientation independent of infection. In May 2026, she got in her car and was eventually found in downtown Houston close to midnight by police; she was uncertain how she got there or where she was going. A second major episode occurred recently at a water aerobics class, where she became extremely confused regarding the timeline of the session, believed she had just arrived when the class was ending, and had trouble exiting the pool. Notably, a third, unusual incident was noted where she locked herself out of the house, resulting in a locksmith breaking the doorknob.

Functionally, Ms. Frohme lives alone and maintains a busy schedule, including exercise, Bible study, and church. She maintains her independence with personal hygiene. She utilizes a cleaning service once a month and buys prepared meals to heat in the microwave rather than cooking. She ceased driving after her May 2026 episode; prior to this, her daughters indicated that she had been running into things, noting that her new car is “all dinged up.” She reportedly remains largely independent with bill pay, where her daughters occasionally assist with some technological issues as it relates to finances.

Physically, Ms. Frohme experiences macular degeneration and requires a magnifying glass to read. She has hearing loss and recently had her hearing aids updated. She and her family noted instances of dizziness since her 2024 heart surgery. She denied any significant falls.

Regarding mood, Ms. Frohme reported feeling “fine.” She denied feeling depressed or anxious. She denied suicidal ideation. Behavior suggestive of psychosis or hallucinations was absent.

With respect to health habits, she sleeps from approximately 10:00 p.m. to 7:00 a.m. with occasional wakeups to use the restroom. She has a reduced appetite and has experienced a weight loss of nearly 20 pounds over the last two years. She consumes an occasional glass of wine, but denied current use of nicotine or illicit substances, though she reported smoking for a few years in her 20s.

Medical & Psychiatric History: Medical history is remarkable for hyperlipidemia, hypothyroidism, prediabetes, gastroesophageal reflux disease, squamous cell carcinoma, macular degeneration, and hearing loss (corrected with hearing aids).

Surgical history is notable for an aortic valve procedure in December 2024 and two partial knee replacements in August and November 2025.

Psychiatric history is unremarkable.

Imaging (CT brain without contrast performed on 06/19/2026) was read to show, “No acute intracranial abnormality. Marked small vessel white matter disease. Bilateral internal capsule and basal ganglia remote infarcts.”

A subsequent CT head without contrast (06/24/2026) was read to show, “Extensive periventricular white matter hypoattenuation are non-specific but most likely represent chronic microvascular ischemic white matter changes. No mass or acute hemorrhage.”

Family medical history is notable for dementia in her mother (passed away at 92). Her father had heart issues and passed away in his 70s. Sibling health includes diabetes.

Medications: atorvastatin and levothyroxine.

Psychosocial History: Ms. Frohme was born in Washington D.C. and raised in Arlington, Virginia. She denied history of learning disorder. She graduated with a bachelor’s degree in biology and chemistry.

Ms. Frohme worked in a laboratory early in her career and spent time as a stay-at-home mother before working as an editor at NASA. She retired at approximately age 70.

Ms. Frohme is widowed, reporting that she was married for over 60 years. She has two daughters, a son, and three grandchildren, who live out of state.

In her leisure time, Ms. Frohme enjoys reading, gardening, and bird watching.

Behavioral Observations: Ms. Frohme presented to the appointment on time, accompanied by her daughters. She was casually dressed and adequately groomed. She ambulated independently, with unremarkable gait and motor behavior. Interpersonally, Ms. Frohme was friendly. Comprehension was grossly intact. Spontaneous speech was clear and fluent. Thought content was logical. However, she showed some difficulty with relaying her personal history; collateral information was provided by her daughters. There was no behavioral indication of hallucinations

or delusional thinking. She was alert and adequately oriented to person, place, and time. Affect was broad and appropriate to setting. Rapport was established with ease. With regard to test-taking style, Ms. Frohme was easily engaged. Hearing was corrected and adequate for the purposes of testing. She wore eyeglasses and used a magnifying glass to aid vision throughout the session, including on timed activities, which may have slowed her overall performance to some degree. Overall, Ms. Frohme understood task instructions as provided. She worked at a consistent pace and completed all activities asked of her.

Results: Ms. Frohme 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	9	Average
	WAIS-IV DSB	7	Average
	WAIS-IV DSS	8	High Average
Visual Attention & Processing Speed	WAIS-IV Coding	35	Average
	WAIS-IV Symbol Search	11	Average
	Trail Making Test- A	68 seconds	Below Average
Language	WRAT-5 Word Reading	63	Average
	NAB Naming	27	Low Average
	Animal Naming	12	Below Average
Verbal Memory	CVLT-3 Total (7-7-6-7)	27	High Average
	Short Delay Free	8	High Average
	Long Delay Free	8	Above Average
	Long Delay Cued	7	Average
	Total Repetitions	0	Average
	Total Intrusions	5	Low Average
	Recognition Hits	8	Average
	False Positives	0	High Average
	Recognition discrimination	---	High Average
WMS-IV	Logical Memory I	27	Average
	Logical Memory II	21	High Average
	Retention	---	Above Average
	Recognition	22	Within Normal Limits
Visual Memory	Visual Reproduction I	30	High Average
	WMS-IV Visual Reproduction II	21	High Average
	Retention	---	Average

	Recognition	6	Within Normal Limits
Visuospatial	WAIS-IV Matrix Reasoning	16	Above Average
	RCFT Copy	28	Within Normal Limits
Executive Functioning	FAS	16	Exceptionally Low
	Trail Making Test- B	159 seconds	Low Average
	WAIS-IV Similarities	17	Average
	M-WCST Categories Completed	3	Below Average
	M-WCST Perseverative Errors	10	Below Average
	CLOX-1	13	Within Normal Limits
Self-Report	BDI-II	6	Minimal symptoms of depression
	GAD-7	2	Within Normal Limits

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. Frohme’s neurocognitive profile was remarkable for multiple cognitive strengths. She scored within normal limits on measures of auditory attention/digit manipulation, speeded cancellation, symbol/digit transposition, single word reading, and verbal concept formation. Notably, her learning and memory abilities for both verbal material (unstructured word lists and structured stories) and visual information (geometric designs) were robustly intact, with performances ranging from average to high average across immediate and delayed recall trials. Visuospatial reasoning was a relative strength, falling within the above average range. Visuo-planning and construction of a complex figure and clock were also within expectation.

In contrast, expressive language abilities were significantly reduced. Phonemic fluency was exceptionally low, and semantic fluency was below average. Confrontation naming was within the lower end of the normal range, falling within the low average range. Ms. Frohme also demonstrated mild to moderate impairment in cognitive flexibility, set-shifting, and novel problem solving, as evidenced by elevated perseverative errors and slowed visual-graphomotor tracking on an alphanumerical sequencing task. Simple visual-graphomotor processing speed was also slowed; while she was savvy with her use of a magnifying glass during these tasks, suboptimal vision likely contributed, at least in part, to reduced performances.

From an emotional standpoint, she endorsed subclinical features of depression and anxiety.

Summary: Ms. Frohme’s neurocognitive profile is characterized by multiple areas of preserved cognitive functioning; specifically, basic attention, visuospatial reasoning, and both verbal and visual memory consolidation fell well within expectation. In contrast, she exhibited distinct vulnerabilities in executive functioning (set-shifting and cognitive flexibility), expressive language (verbal fluency and confrontation naming), and speeded complex attention; however, these performances were likely at least partially impacted by suboptimal vision.

Functionally, while Ms. Frohme continues to reside alone, there is growing clinical concern regarding her safety and instrumental activities of daily living (IADLs). Notably, she recently experienced a severe episode of spatial and temporal disorientation where she drove to downtown Houston in the middle of the night with no recollection of her intent or how she arrived, prompting driving cessation. This is compounded by a reported history of “losing days” at a time without memory of those events, as well as a more recent incident of profound confusion following a water aerobics class. These significant lapses in orientation, coupled with her visual impairment (macular degeneration), raise prominent concern about her ability to safely manage complex IADLs without increased oversight.

Diagnostically, this specific pattern of executive, language, and processing speed deficits—in the setting of robustly preserved memory consolidation—is less characteristic of a primary Alzheimer’s disease process and instead raises strong clinical suspicion for a vascular etiology, especially given neuroimaging findings. Additionally, the potential exacerbating role of her recurrent urinary tract infections (UTIs) on her cognitive fluctuations cannot be entirely ruled out. Considering all available clinical information, including objective psychometric findings and a clear trajectory of functional decline, a conservative diagnosis of Mild Cognitive Impairment, Non-Amnesic, Multiple Domain Type is warranted at this time. Given the episodic severity of her presenting concerns and the variability in her cognition, close ongoing monitoring and increased daily support are strongly recommended.

Diagnosis: Mild Cognitive Impairment, Non-Amnesic, Multiple Domain Type

Recommendations:

Medical & Neurological Management

- *Medical Follow-up:* Ms. Frohme is encouraged to follow up with her referring provider to discuss these evaluation results and coordinate ongoing medical management.
- *Vascular Health:* Given the suspicion of a vascular etiology contributing to her cognitive profile, aggressive management of her vascular risk factors with her primary care physician is strongly recommended.
- *UTI Monitoring:* As recurrent urinary tract infections may be exacerbating her cognitive fluctuations, she should be closely monitored for infection.
- *Vision Care:* Due to her macular degeneration, ongoing assessment by an ophthalmologist or optometrist is recommended to maximize her visual acuity and safety.

Safety & Daily Functioning

- *Driving Cessation:* Considering her severe episodes of spatial disorientation, vulnerabilities in speeded complex attention, and macular degeneration, driving cessation is strongly advised to ensure her safety and the safety of others.
- *IADL Oversight:* Since Ms. Frohme lives alone and is experiencing profound episodic confusion and “losing days,” she should receive increased support. Specifically, oversight and monitoring of her medications and finances by a trusted family member is highly advised.
- *Household Safety:* Supervision when using potentially dangerous household appliances would be prudent to mitigate safety risks during periods of disorientation.

Compensatory Strategies

- Ms. Frohme should use external aids, such as a smartphone, planner, labels, notebooks, and checklists to help organize her daily activities.
- To accommodate her executive functioning and complex attention vulnerabilities, she is encouraged to break tasks down into smaller parts and attend to one task at a time. Performing each task to completion before beginning another will help reduce cognitive fatigue and minimize errors.
- Establishing scheduled routines and ensuring there is “a place for everything and everything in its place” will further maximize her cognitive efficiency.

Emotional Well-Being & Social Engagement

- Ms. Frohme is recommended to routinely participate in mentally stimulating and personally meaningful activities—such as reading, gardening, bird watching, and attending church or Bible study—to optimize her mood and overall well-being.
- Maintaining social interactions with friends and family is highly encouraged to prevent isolation.

Future Planning & Caregiver Support

- *Care Coordination:* A trusted individual is recommended to continue coordinating her medical care, accompanying her to appointments, and being involved in decisions concerning her welfare.
- *Caregiver Resources:* Caregivers are encouraged to engage in routine self-care to promote their own emotional well-being. Support groups are an excellent source of information and emotional support.

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

Aimee Giammittorio, Ph.D.

Licensed Psychologist

Electronically signed: 7/6/2026.