Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

NAME: Carter Green **REFERRAL SOURCE:** Barbara Robinson, NP

DATE OF BIRTH: 04/28/1954 (72) **DATE OF EXAM:** 07/14/2026

REASON FOR REFERRAL

Barbara Robinson, NP, referred Mr. Green for a neuropsychological evaluation due to suspected cognitive decline. The present test results will elucidate his current level of functioning to inform diagnostic decision-making and treatment planning.

***Identifying Information*:** The following information was obtained from a clinical interview with Mr. Green and his son, along with a review of available medical records. Mr. Green is a 72-year-old, left-handed, divorced, African American male with 12 years of formal education.

***Presenting Problem*:** Mr. Green reported that he was referred for testing "because I have a messed up brain." He stated that he has experienced memory loss (e.g., forgetting names and appointments, misplacing items, repeating himself, and asking others to repeat information), inattention, reduced processing speed, and visuospatial difficulties over the past week. His son, however, indicated a progressive cognitive decline over the past two years, with significant worsening since February 2026. He concurred with his father's reported symptoms and added that he has also exhibited poor decision-making and word retrieval problems.

Functionally, Mr. Green lived independently until February 2026, though he was already experiencing some declines prior to his hospitalization. While living at home, his cooking was reportedly limited by physical constraints, and he was forgetting to eat. This seemingly resulted in a 75-pound weight loss over the past year. He was also unable to complete household chores due to weakness and fatigue. In May 2024, his brother-in-law assumed management of his finances due to forgetfulness. He ceased driving in January 2026 following navigational challenges and becoming lost, as well as involvement in a parking lot accident. He was also forgetting to take his medications. Currently, at the skilled nursing facility, he continues to require assistance with activities of daily living. Facility staff manage his daily medications and provide his meals and housekeeping services. Furthermore, his son assumed full management of his finances in April 2026. Additionally, Mr. Green now requires assistance with basic self-care tasks due to combined physical and cognitive limitations.

From an emotional standpoint, Mr. Green denied experiencing symptoms of depression, anxiety, or suicidal ideation. However, his son reported that Mr. Green is more irritable and "curmudgeon-like." While Mr. Green denied experiencing psychosis, his son stated that Mr. Green has exhibited delusions and possible auditory hallucinations over the past two months. For instance, Mr. Green reportedly heard gunshots and claimed that he was held hostage or that someone was breaking into his room. Mr. Green described his sleep onset and maintenance as poor, resulting in reduced energy, though his son perceived his sleep to be adequate.

MEDICAL HISTORY

Mr. Green's medical history is significant for Parkinson's disease, hypertension, hyperlipidemia, diabetes, obstructive sleep apnea (untreated), severe intracranial atherosclerotic disease, chronic occlusion of the left middle cerebral artery, atrioventricular block, and urinary retention. His son mentioned that he has also fallen a few times and hit his head, but denied loss of consciousness or diagnosis of a concussion.

His son reported that Mr. Green began exhibiting symptoms of Parkinson's disease in approximately 2022, specifically dysarthria. Over time, his symptoms have progressed and now include resting tremor (left),

sialorrhea, dysphagia, hypomimia, hypophonia, shuffling gait, stooped posture, difficulty standing from a seated position, stiffness/rigidity, handwriting changes, bradykinesia, and bradyphrenia.

In February 2026, a fall at home prompted a three-week hospitalization for altered mental status, speech difficulties, and bradycardia. His hospital course was complicated by waxing and waning mental status, persistent dysarthria, an intestinal blockage, and generalized weakness. After a brief discharge to Laurel Courts Skilled Nursing Facility, a syncopal episode during which he also struck his head necessitated readmission. During this stay, he was diagnosed with a progressing atrioventricular block (Mobitz Type I to Type II) and underwent permanent pacemaker placement. He was subsequently started on dual antiplatelet therapy and participated in physical and occupational rehabilitation before transitioning back to the skilled nursing facility.

Diagnostic Tests & Imaging: A brain CT (date not listed) revealed chronic encephalomalacia in the left temporal lobe. A brain MRI (date not listed) showed no acute infarct but indicated chronic microvascular ischemic changes and prior infarcts. A CTA of the head and neck identified chronic occlusion of the left M1 segment of the middle cerebral artery and narrowing of distal branches, consistent with severe intracranial atherosclerotic disease, with no high-grade stenosis.

Surgeries & Procedures: Mr. Green's surgical history includes bilateral hip replacements and a permanent pacemaker placement.

Current Medications: His current medication regimen consists of amlodipine, carbidopa-levodopa, ciprofloxacin, clopidogrel, gabapentin, hydralazine, losartan, metformin, quetiapine, ropinirole, rosuvastatin, and tamsulosin.

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

Family History: Mr. Green reported that his mother had diabetes, hypertension, and hyperlipidemia, and she died in her mid-sixties. His father had obstructive sleep apnea and died from a heart attack at age 49. Mr. Green has five full siblings and five half-siblings. Their medical histories are notable for diabetes in one brother and two sisters, as well as cancer (unspecified type) in one sister.

MENTAL HEALTH HISTORY
Mr. Green denied a history of mental health treatment, although his son mentioned that he was started on quetiapine this year due to delusional ideation and possible auditory hallucinations (detailed above).

EDUCATIONAL HISTORY
Mr. Green completed 12 years of formal education, earning his high school diploma. He described his academic grades as varied and denied a history of special education services, specific learning disorders, or grade retention.

OCCUPATIONAL HISTORY
Mr. Green was employed as a firefighter for 33 years; he retired in 2003.

SOCIAL HISTORY
Mr. Green was born and raised in Houston, Texas. His primary language is English. He was married and divorced once; he has two sons from that union. Mr. Green currently resides in a skilled nursing facility in Houston.

BEHAVIORAL OBSERVATIONS
Mr. Green arrived approximately 30 minutes late and was accompanied by his son. He was appropriately dressed and well-groomed. He used a wheelchair on the testing date and had a Foley catheter due to urinary retention. He exhibited a resting tremor in his left hand, and sialorrhea was evident. His vision (corrected) was

adequate for testing purposes. He exhibited signs of hearing loss; therefore, communication at higher-than-normal volumes was required. His speech was dysarthric and hypophonic, making it difficult to understand at times. When asked about his mood, he reported feeling "blah." While his facial expressions were reduced due to hypomimia, his overall affect remained otherwise appropriate and consistent with conversational content. During the clinical interview, he struggled to provide autobiographical details, requiring his son's assistance. Throughout the test session, he struggled to comprehend and retain test instructions, necessitating frequent repetitions and simplifications. Overall, he was pleasant and cooperative, persevering throughout testing. The results of this evaluation are considered a valid assessment of his current neuropsychological functioning.

TESTS ADMINISTERED

Clinical interview with the patient & his son
Mini Mental State Examination (MMSE)
Wide Range Achievement Test – 5th Edition, Word Reading
Wechsler Adult Intelligence Scales – IV, selected subtests
Repeatable Battery for the Assessment of Neuropsychological Status
Dementia Rating Scale – 2 (DRS-2)
Neuropsychological Assessment Battery, Naming
Controlled Oral Word Association Test
Finger Oscillation Test
Trail Making Test
Geriatric Depression Scale
Beck Anxiety Inventory

NEUROPSYCHOLOGICAL FUNCTIONING

Mental Status: Mr. Green obtained a score of 12 out of 30 on the MMSE. He was disoriented to time (year, season, month, day, and date) and place (state, county, and building). He was also unable to complete an attentional task, recall two of the three words after a delay, repeat a phrase, follow simple and multistep commands, write a sentence, or copy a design.

Attention & Processing Speed: Simple attention on the DRS-2 was exceptionally low, and digit repetition was below average. He was unable to complete measures of number-symbol transposition and speeded visual-graphomotor tracking of a numerical sequence due to difficulty adhering to the task demands.

Learning & Memory: Short-delayed recall of sentences he had either read or generated moments earlier was impaired. In contrast, immediate forced-choice recognition memory for words and figures was within expectations.

Word list learning and delayed recall were exceptionally low, with zero words produced after the delay. List recognition memory was also exceptionally low. Immediate and delayed story memory were exceptionally low. Similarly, delayed visual memory was exceptionally low, with zero figure elements produced.

Language: Single-word reading and expressive vocabulary were below average. Phonemic and semantic verbal fluency were exceptionally low. Confrontation naming ranged from below average to exceptionally low.

Visuospatial/Construction: Simple construction was below average, and complex figure construction was exceptionally low. He was unable to complete a measure of visuospatial judgment due to difficulty comprehending the test instructions.

Motor Functioning: Fine motor speed could not be accurately assessed, as he was unable to assume and maintain the appropriate hand position to effectively tap the lever.

Executive Functioning: His performance on measures of initiation and perseveration was exceptionally low. Conceptualization and nonverbal reasoning were also exceptionally low.

Emotional & Behavioral Functioning: On brief self-report measures of mood, he endorsed minimal symptoms of anxiety and depression.

SUMMARY

Mr. Green was referred for this evaluation to assess for objective evidence of cognitive decline. His current neuropsychological profile revealed a diffuse and severe pattern of cognitive impairment. Specifically, he demonstrated exceptionally low scores across measures of simple attention, memory, language (verbal fluency and confrontation naming), complex figure construction, and executive functioning (nonverbal abstraction, initiation, perseveration, and conceptualization). Below average performances were evident in single-word reading, expressive vocabulary, digit repetition, and simple construction. On brief self-report measures of mood, he endorsed symptoms of anxiety and depression that were within normal limits.

In sum, Mr. Green's test results reflect a significant, generalized decline relative to same-aged peers and his estimated premorbid level of functioning. Based on the breadth and severity of his cognitive impairments, reported functional declines, and medical history, a diagnosis of Dementia Due to Parkinson's Disease is warranted. However, a co-occurring vascular contribution is also suspected given his documented history of multiple cerebrovascular risk factors.

Impressions: Probable Dementia Due to Parkinson's Disease, Severe, with Behavioral Disturbance

Recommendations:

1. **Level of Care & Supervision:** Mr. Green's severe cognitive deficits, coupled with his progressive physical limitations, falls, and behavioral symptoms, necessitate comprehensive supervision. It is noted that he currently resides in a skilled nursing facility. This continued level of care—or a potential transition to a memory care environment if his physical or behavioral needs exceed the facility's current capabilities—remains essential for his safety and well-being.

2. **Complex Decision-Making:** Mr. Green will require assistance when making complex medical, financial, or legal decisions. It is noted that his son, Marcus, is his designated Power of Attorney. His family is encouraged to ensure that all relevant documentation, including an advance care plan, durable power of attorney, and medical power of attorney, is up to date so that his wishes are honored in future decision-making processes.

3. **Financial & Medication Management:** Mr. Green requires assistance with these instrumental activities of daily living. His family and the skilled nursing facility staff should continue to fully manage his finances and medication administration.

4. **Behavioral & Psychiatric Symptoms:** His son reported the recent onset of delusions and possible auditory hallucinations. It is noted that he was recently prescribed quetiapine. Close and ongoing follow-up with his neurologist or a geriatric psychiatrist is strongly recommended to monitor the efficacy of this medication and adjust treatment as needed, ensuring his psychiatric symptoms are managed without exacerbating his parkinsonian symptoms.

5. **Speech, Physical, and Occupational Therapy:** Given his son's report of dysarthria, hypophonia, and dysphagia, an evaluation by a speech-language pathologist (SLP) may be helpful to address swallowing safety and maximize his functional communication. Continued participation in physical and occupational therapy is also encouraged to optimize his mobility, assist with transfers, and maintain his ability to participate in basic self-care tasks.

6. **Medical Management & Sleep:** Mr. Green has a history of obstructive sleep apnea and reportedly stopped using his CPAP machine. Untreated sleep apnea can exacerbate cognitive dysfunction, confusion, and daytime fatigue. It is recommended that he follow up with a sleep specialist or pulmonologist to discuss whether CPAP re-initiation or alternative treatments are needed. Additionally, ongoing follow-up with his

primary care physician and medical specialists (e.g., urology for catheter management, cardiology for his pacemaker) is essential.

7. **Driving:** Given his cognitive and physical status, his previous decision to cease driving remains the safest and most appropriate course of action.

8. **Social Engagement:** To the extent possible, Mr. Green should be encouraged to participate in structured, appropriately supervised social activities within his residential community to minimize withdrawal and maintain his quality of life.

9. **Support Resources:** Additional educational and caregiver resources for Mr. Green and his family can be found online at https://www.ninds.nih.gov, https://www.alz.org/, and https://www.parkinson.org/.

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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