

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Cheryl Guillory

Referral Source: Jonathan Garza, MD

Date of Birth: 10/22/1957

Date of Evaluation: 7/7/2026

Reason for Referral: Dr. Garza referred Ms. Guillory 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 (HVLTR)

Logical Memory (WMS-IV)

Visual Reproduction (WMS-IV)

Executive Functions

Trail Making Test (TMT)

Color-Word Interference Test (D-KEFS)

Modified Wisconsin Card Sorting Test

Motor Functions

Grooved Pegboard Test

Mood/Behavior

Perceived Deficits Questionnaire

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. Guillory and her sister, as well as a review of available medical records. She is a 68-year-old, right-handed, divorced, African American female with 16 years of education.

Presenting Problems: Ms. Guillory’s sister reported the gradual onset of cognitive problems approximately 1.5 years ago, which appear to have remained relatively stable over time. Specifically, she has difficulties with recall of recent events and conversations, recall of item placement, temporal orientation, and orientation in new places. She also repeats herself occasionally. Ms. Guillory’s sister now assists with medication dispensation by handling refills and arranging her medications in her pillbox. Ms. Guillory uses an alarm to remind her to take her medications. While married, her husband had been responsible for financial management tasks. Since her divorce (2024 or 2025), Ms. Guillory has had difficulty in this area. For example, she has forgotten that her rent was already paid. Thus, her sister has assumed responsibility for managing her bills. She primarily uses the microwave to prepare meals; no problems were reported. She stopped driving approximately 3 years ago after a car accident. Ms.

Guillory had become lost a few times and her sister prompted her to stop driving due to concerns about her memory. Her sister manages her appointments and drives her to them. She requires assistance with hair grooming.

Depressive symptoms emerged around the time of her divorce. Currently, she indicated intermittent feelings of dysphoria as well as occasional crying spells. There appears to be no indication of hallucinations or delusions.

Sleep onset and maintenance are problematic; she takes daytime naps. Ms. Guillory's energy level is good. Her appetite is normal and her weight is stable.

Medical History: Her medical history includes hypertension, hyperlipidemia, scoliosis, tinnitus, and gait imbalance with use of a rollator. Her most recent fall was 3 months ago. Ms. Guillory indicated no history of head trauma with loss of consciousness.

Surgeries: scoliosis surgery, left shoulder repair, and Caesarean section.

Current medications/supplements: low-dose aspirin, benzonatate, escitalopram, famotidine, losartan potassium, montelukast, potassium chloride, rosuvastatin calcium, and chlorthalidone.

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

Family history: Her father passed away in his 50s from multiple sclerosis. Her mother died in her 70s or early 80s; her medical history included heart attack and colon cancer. Family history also includes a stroke in her brother.

Mental Health History: Ms. Guillory is treated with escitalopram for post-divorce depressive symptoms. She participated in psychotherapy in the past.

Educational History: She obtained a bachelor's degree in communication disorders from Texas Southern University. She reported earning mostly C level grades, with no history of repeated grades or identified learning problems.

Occupational History: Ms. Guillory is a retired speech therapy assistant.

Social History: She was raised in Houston. She and her husband divorced in 2024 or 2025. Ms. Guillory has a daughter. She currently resides alone in an apartment in a 55+ community. She receives regular assistance from her sister.

Behavioral Observations:

Ms. Guillory presented as a pleasant, casually dressed, well-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. She used a rollator to assist with ambulation; gait appeared slowed. Other gross motor behaviors appeared normal. Conversational speech was fluent. She had some difficulty providing background information

during the clinical interview. Mood appeared euthymic. Affect was broad. She was often slow to generate verbal responses. Her performance on embedded measures of performance validity was normal. Thus, these findings are believed to provide an accurate representation of Ms. Guillory's current level of neuropsychological functioning.

Results:

Mental Status: On the MMSE, Ms. Guillory obtained a score of 25/30. She was not oriented to the month (June) or specific place. She recalled 1 of 3 items after a brief delay. She was unable to copy the intersecting pentagons correctly.

Intellectual: On a short form of the WAIS-IV, Ms. Guillory obtained a General Ability Index of 82, which falls within the low average range. Index scores were as follows: Verbal Comprehension – 83 (low average) and Perceptual Reasoning – 86 (low average). On specific subtests, construction of abstract block designs and verbal abstraction were average. Visual pattern analysis and expressive vocabulary were low average.

Academic: Oral word reading was average.

Language: Visual object naming was average. Controlled oral verbal fluency was average to phonemic criteria but exceptionally low to semantic criteria.

Visuospatial/Constructional: Judgment of angular line relations was below average. Her copy of a complex geometric design was exceptionally low with major distortion.

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 low average.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was below average for total word recall across three trials (4, 5, and 5 words, respectively). After a 20-minute delay, Ms. Guillory recalled 4 words from the list, which was below average for absolute level of recall but average when indexed against immediate recall performance. Delayed word recognition was average (11 hits, 1 false positive).

Immediate recall of structured verbal material (stories) was below average. Delayed recall was below average for absolute level of recall and low average when indexed against immediate recall performance. Delayed recognition was below average with chance level performance on questions relating to 1 of 2 stories.

Immediate recall of geometric figures was below average. Ms. Guillory recalled only 1 figural element upon delayed retesting (exceptionally low). Delayed figural recognition was at chance level.

Executive Functions: Speed of visual-graphomotor tracking was low average for both simple (numerical order) and complex (alternating number-letter) sequences. Speed of rote color naming and word reading was exceptionally low. Response inhibition was exceptionally low for both speed and accuracy. Ms. Guillory's ability to alternate between response inhibition and release (cognitive flexibility) was exceptionally low for speed but low average for accuracy. Performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was low average for the ability to establish response set and below average for the ability to shift response set.

Motor Functions: Fine motor dexterity (placing pegs into holes) was exceptionally low bilaterally.

Mood/Behavior: Ms. Guillory's self-report of depressive symptoms (PHQ-9) was within the mild range. Her self-report of anxiety symptoms (GAD-7) was within normal limits.

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

Ms. Guillory demonstrated impairments in acquisition of visual information and structured verbal material (stories), retrieval of unstructured verbal information (rote list learning), response inhibition, cognitive flexibility, complex visuoconstruction, visuospatial judgment, working memory, processing speed, semantic fluency, and bilateral fine motor dexterity.

In contrast, her performance was within normal limits across tasks assessing basic attention, construction of abstract block designs, visual pattern analysis, expressive vocabulary, verbal abstraction, oral word reading, confrontation naming, phonemic fluency, visual-graphomotor tracking, and novel problem solving.

Ms. Guillory endorsed intermittent depressive symptoms, which do not appear to interfere appreciably with her functioning at present.

In sum, the present findings indicate impairments in verbal memory, visual memory, processing speed, working memory, bilateral fine motor dexterity, as well as aspects of executive functioning, language, and visuospatial skills. They occur within the context of impaired performance of some instrumental activities of daily living. As such, a diagnosis of mild dementia is warranted with evidence of both cortical and subcortical dysfunction. Alzheimer's disease appears to be the most likely etiology.

Recommendations:

1. Ms. Guillory should continue to refrain from driving given her history of spatial disorientation as well as her impairments in processing speed, visual memory, and aspects of executive functioning.
2. Continued regular assistance with medication dispensation, financial management, and major decision-making tasks is recommended. Supervision 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.

3. She should continue to use compensatory strategies to manage her cognitive difficulties, including written notes/lists, calendars, electronic reminder systems, and smartphone apps.

4. Ms. Guillory 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. Consultation regarding possible pharmacological treatment of her sleep disturbance is recommended.

6. She 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.

7. Ms. Guillory's mood functioning should continue to be monitored over time given her history of depressive symptoms.

8. She 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: 7/8/2026

****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).*