

Houston Neuropsychology Associates, PLLC

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**Neuropsychological Evaluation**

**Name:** Eva Hampton

**Referral Source:** Andrew Zhang, MD

**Date of Birth:** 1/29/1940

**Date of Evaluation:** 6/22/2026

**Reason for Referral:** Dr. Zhang referred Ms. Hampton 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

MMSE Intersecting Pentagons

**Attention/Working Memory**

Digit Span (WAIS-IV)

**Processing Speed**

Coding (WAIS-IV)

**Learning and Memory**

Hopkins Verbal Learning Test – R (HVLTR)

Logical Memory (WMS-IV)

Visual Reproduction (WMS-IV)

**Executive Functions**

Color Trails Test (CTT)

Modified Wisconsin Card Sorting Test (MWCST)

Clock Drawing Test

**Motor Functions**

Grip Strength Test

**Mood/Behavior**

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. Hampton and her daughter, as well as a review of available medical records. She is an 86-year-old, right-handed, divorced, African American female with 11 years of education.

**Presenting Problems:** Ms. Hampton’s daughter reported the gradual onset of progressive cognitive problems over the past 1.5 years, with particular worsening after the deaths of several loved ones within the past year. Specifically, she has difficulties with recall of recent events and conversations, recall of item placement, word finding, and decision making. Ms. Hampton also tends to repeat herself. Family members began assisting with medication dispensation after her April 2026 hospitalization; she has no reported history of errors in this area. Most bills are set to autopay; Ms. Hampton’s daughter now helps with financial management tasks because she has made errors. She does limited cooking, reportedly without difficulty. Ms. Hampton discontinued driving on the highway because she struck a guard rail and blew out a tire. She has had no

episodes of spatial disorientation while driving. She has forgotten appointments, such that her daughters now help with appointment management. She functions independently for physical self-care tasks.

She acknowledged some anxiety about her reduced level of independence, particularly her limited driving. Ms. Hampton denied suicidal ideation. There appears to be no indication of hallucinations or delusions.

Her sleep and energy level are good. Her appetite is decreased but her weight is stable.

**Medical History:** Her medical history includes hypertension, hyperlipidemia, diabetes, diabetic retinopathy, chronic kidney disease, osteoarthritis, low back pain, and bilateral cataracts. Per her daughter's report, she was hospitalized in April 2026 due to an allergic reaction to a medication. Ms. Hampton denied a history of head trauma with loss of consciousness.

Surgeries/procedures: bilateral cataract surgery, hysterectomy, cholecystectomy, and bilateral knee replacement.

Current medications/supplements: metformin, losartan/hydrochlorothiazide, rosuvastatin, brinzolamide/brimonidine ophthalmic suspension, fluticasone propionate, cetirizine, low-dose aspirin, calcium, multivitamins, and MiraLAX.

Substance use: Ms. Hampton reported no current alcohol consumption, with no history of problematic use. She noted approximately a 10-year history of nicotine use in the remote past. She denied a history of recreational drug use.

Family history: Her father passed away in his 50s; his medical history is unknown. Her mother died at age 93; she had diabetes. Family history is negative for dementia.

**Mental Health History:** Ms. Hampton has no history of mental health treatment.

**Educational History:** She completed 11 years of education and obtained a GED. She reported earning mostly B/C level grades, with no history of identified learning problems.

**Occupational History:** Ms. Hampton is a retired beautician.

**Social History:** She was raised in Louisiana. Ms. Hampton is divorced with 5 children. She currently resides in Houston with her granddaughter.

**Behavioral Observations:**

Ms. Hampton presented as a pleasant, casually dressed, well-groomed woman. Hearing and vision (corrected) appeared adequate for the purposes of the evaluation. Gait was somewhat slowed. Other gross motor behaviors appeared normal. Conversational speech was fluent. Mood appeared euthymic and affect was broad. Ms. Hampton often forgot task instructions, requiring

reminders. She performed adequately on embedded performance validity measures. Thus, the present results are believed to provide an accurate representation of Ms. Hampton's current level of neuropsychological functioning.

**Results:**

**Mental Status:** On the MMSE, she obtained a score of 17/30. She was not oriented to the date (off by 2), specific place, or floor of the building. She recalled 1 of 3 items after a brief delay. She made errors on tasks involving serial subtraction, backward spelling, phrase repetition, execution of a 3-stage command, and copy of the intersecting pentagons.

**Intellectual:** On a short form of the WAIS-IV, Ms. Hampton obtained a General Ability Index of 81, which falls within the low average range. Index scores were as follows: Verbal Comprehension – 76 (below average) and Perceptual Reasoning – 92 (average). On specific subtests, construction of abstract block designs and visual pattern analysis were average. Verbal abstraction was low average. Expressive vocabulary was below average.

**Academic:** Oral word reading was below average.

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

**Visuospatial/Constructional:** Judgment of angular line relations was low average. In contrast, Ms. Hampton's copy of the MMSE intersecting pentagons was impaired with significant distortion.

**Attention/Working Memory:** Immediate recall of orally presented number sequences was low average for forward order, average for reverse order, but below average for numerical sequencing.

**Processing Speed:** Transcription of symbols according to a key was below average with 4 errors.

**Learning and Memory:** Immediate recall of unstructured verbal material (12-word list) was exceptionally low for total word recall across three trials (4, 4, and 4 words, respectively). After a 20-minute delay, Ms. Hampton did not recall any words from the list (exceptionally low). Delayed word recognition was also exceptionally low (7 hits, 3 false positives).

Immediate recall of structured verbal material (stories) was low average. She did not recall any story details upon delayed retesting (exceptionally low). Delayed recognition was low average overall but notable for chance level performance on questions pertaining to 1 of 2 stories.

Immediate recall of geometric figures was below average. She did not recall any figural elements upon delayed retesting (exceptionally low). Delayed figural recognition was exceptionally low.

**Executive Functions:** Speed of visual-graphomotor tracking was below average for a simple (numerical order) sequence and exceptionally low for a complex (alternating number-color)

sequence. A novel card sorting test requiring rule learning and strategy modification in response to feedback was exceptionally low for the ability to establish response set but average for the ability to shift response set. Her clock drawing performance indicated impaired conceptualization and spatial planning.

**Motor Functions:** Grip strength was exceptionally low for the dominant (right) hand and below average for the nondominant hand.

**Mood/Behavior:** Ms. Hampton's self-report of depressive symptoms (PHQ-9) was within the mild range due to endorsement of vegetative symptoms. She endorsed no anxiety symptoms on the GAD-7.

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

After accounting for background factors including educational history, impairments were documented in acquisition and consolidation of visual information as well as structured (stories) and unstructured (rote list learning) verbal material. Additional impairments were noted in visual-graphomotor tracking, novel problem solving, conceptualization, spatial planning, working memory, confrontation naming, semantic fluency, and bilateral grip strength.

In contrast, Ms. Hampton's performance was consistent with expectations based on background variables across tasks assessing simple attention, processing speed, construction of abstract block designs, visual pattern analysis, visuospatial judgment, expressive vocabulary, verbal abstraction, oral word reading, and phonemic fluency.

Ms. Hampton did not endorse significant mood symptoms.

In sum, the present findings reveal impairments in verbal memory, visual memory, executive functioning, working memory, aspects of language, and bilateral grip strength. A decline from her estimated level of premorbid functioning is indicated in these areas, with evidence for both cortical and subcortical dysfunction. These results are accompanied by impaired performance of some instrumental activities of daily living. Ms. Hampton's history, presentation, and test findings are consistent with a mild dementia, most likely attributable to an Alzheimer's disease etiology. Cerebrovascular factors may contribute to her cognitive impairments but do not appear to be the primary etiology.

**Recommendations:**

1. She drives on a limited basis. Ms. Hampton does not drive on the highway due to an incident in which she struck a guard rail and blew out a tire. This history, together with her impairments in visual memory and executive functioning, raises concern about her driving safety. Cessation of driving is recommended. Further details may be gathered through a formal driving evaluation, which could be obtained at Strowmatt Rehabilitation Services (713-722-0667 or [www.driverrehabservices.com](http://www.driverrehabservices.com)).

2. Continued regular assistance with medication dispensation, financial management, and major decision-making tasks is recommended. Supervision for cooking and 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. Ms. Hampton 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.

4. 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.

5. Ms. Hampton and her family may benefit from information and resources available through the Alzheimer's Association ([www.alz.org/texas](http://www.alz.org/texas) or 713-314-1314).

Dr. Zhang, 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: 7/1/2026

*\*\*\*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).*