Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Gail Jacobs **Referral Source:** Jonathan Garza, MD

Date of Birth: 6/2/1940 **Date of Evaluation:** 7/8/2026

Reason for Referral: Dr. Garza referred Ms. Jacobs 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)
Complex Ideational Material (BDAE)
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 (HVLT-R)
Logical Memory (WMS-IV)
Visual Reproduction (WMS-IV)
Executive Functions
Trail Making Test (TMT)
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. Jacobs and her daughter, as well as a review of available medical records. She is an 86-year-old, right-handed, divorced, Caucasian female with 12 years of education.

Presenting Problems: Ms. Jacobs's daughter reported the gradual onset of progressive cognitive problems approximately two years ago. Specifically, she indicated difficulties with recall of recent events and conversations, recall of item placement, word finding, temporal orientation, orientation in new places, and decision making. She repeats herself and has forgotten the gate code to her community. Ms. Jacobs now uses a timed medication dispenser because she had been making errors with medication dispensation. Her daughter assumed responsibility for financial management tasks over a year ago because Ms. Jacobs feared that she might make errors. She does not cook because meals are provided at the assisted living facility where she currently resides (when she was living independently, she was not eating properly). She discontinued driving on her own approximately a year ago; she had gotten lost. She requires assistance with telephone usage. She is less neat than in the past regarding grooming tasks.

She reported intermittent feelings of dysphoria and anxiety. Ms. Jacobs denied suicidal ideation. Her daughter has observed anxiety and depressive symptoms, along with mild apathy and disinhibition. There appears to be no indication of hallucinations or delusions.

Her sleep varies. Her energy level is usually adequate. Ms. Jacobs's appetite is normal and her weight is stable.

Medical History: Her medical history includes hypothyroidism, hearing loss (she does not use her hearing aids), glaucoma, osteopenia, COPD, neck and back pain, and vitamin D deficiency. Ms. Jacobs denied a history of head trauma with loss of consciousness.

Surgeries/procedures: hysterectomy and hernia repair.

Current medications/supplements: levothyroxine, sertraline, and raloxifene.

Substance use: Ms. Jacobs indicated no current alcohol consumption, with no history of problematic use. She is a former nicotine user with approximately a 20-year history of cigarette use (1 pack per day). She denied a history of recreational drug use.

Family history: Her father passed away in his 80s; his medical history is unclear. Her mother also died in her 80s; she had breast cancer. Family history is negative for dementia.

Mental Health History: Ms. Jacobs initiated treatment with sertraline in May 2026 for anxiety.

Educational History: She is a high school graduate who reported earning B/C level grades. She indicated no history of identified learning problems.

Occupational History: Ms. Jacobs is a retired realtor.

Social History: She was raised mostly in Houston. Ms. Jacobs is divorced with 1 living child. She moved to an apartment in an assisted living facility in March 2026.

Behavioral Observations:
Ms. Jacobs presented as a casually dressed, adequately groomed woman. Hearing and vision (corrected) appeared adequate for the purposes of the evaluation. Gait and other gross motor behaviors appeared normal. She presented as a confused historian. Level of insight appeared reduced. Conversational speech was fluent and repetitive. Mood appeared intermittently irritable during the testing. Frustration tolerance appeared limited. Affect was broad. Ms. Jacobs often forgot task instructions, requiring reminders. She performed normally on embedded performance validity measures. Thus, the present results are believed to provide an accurate representation of Ms. Jacobs's current level of neuropsychological functioning.

Results:
Mental Status: On the MMSE, Ms. Jacobs obtained a score of 18/30. She was not oriented to the year (2022), date (off by 2), specific place, or floor of the building. She recalled 0 of 3 items

after a brief delay. She made errors on tasks involving serial subtraction, execution of a 3-stage command, and copy of the intersecting pentagons.

Intellectual: On a short form of the WAIS-IV, Ms. Jacobs obtained a General Ability Index of 89, which falls within the low average range. Index scores were as follows: Verbal Comprehension – 89 (low average) and Perceptual Reasoning – 92 (average). On specific subtests, construction of abstract block designs, visual pattern analysis, and expressive vocabulary were average. Verbal abstraction was low average.

Academic: Oral word reading was average.

Language: Visual object naming was high average. In contrast, controlled oral verbal fluency was below average to phonemic criteria and exceptionally low to semantic criteria. Comprehension of questions and short stories was exceptionally low.

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

Attention/Working Memory: Immediate recall of orally presented number sequences was average for forward order and low average for reverse order, but was below average 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 exceptionally low for total word recall across three trials (0, 4, and 4 words, respectively). After a 20-minute delay, Ms. Jacobs did not recall any words from the list (exceptionally low). Delayed word recognition was also exceptionally low (6 hits, 5 false positives).

Immediate recall of structured verbal material (stories) was low average. Ms. Jacobs recalled only 1 story detail upon delayed retesting (below average). Delayed recognition was low average.

Immediate recall of geometric figures was exceptionally low. She recalled no figural details upon delayed retesting (exceptionally low). Delayed figural recognition was also exceptionally low.

Executive Functions: Speed of visual-graphomotor tracking was exceptionally low for a simple (numerical order) sequence. She was unable to comprehend task demands on a complex (alternating number-letter) sequence. When asked to draw a clock to a specified time, Ms. Jacobs wrote the numbers "12", "1," and "11." She did not draw the clock's face or the rest of the numbers and was unable to place the hands on the clock; this indicates significant problems with conceptualization. She demonstrated impaired performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback; frustration tolerance appeared limited and she elected to discontinue the task prematurely.

Motor Functions: Grip strength was average bilaterally.

Mood/Behavior: Ms. Jacobs's self-report of depressive symptoms (PHQ-9) was within normal limits, as was her self-report of anxiety symptoms (GAD-7).

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

Impairments were documented in acquisition and consolidation of visual material, structured verbal information (stories), and unstructured verbal material (rote list learning). Additional impairments were noted in visual-graphomotor tracking, novel problem solving, conceptualization, working memory, auditory comprehension, phonemic fluency, and semantic fluency. A relative weakness was documented in processing speed.

Ms. Jacobs's performance was within normal limits across tasks assessing simple attention, construction of abstract block designs, visual pattern analysis, visuospatial judgment, verbal abstraction, expressive vocabulary, oral word reading, confrontation naming, and bilateral grip strength.

Ms. Jacobs did not endorse significant mood symptoms on self-report measures but reported intermittent feelings of dysphoria and anxiety during the clinical interview. Her daughter has observed anxiety and depressive symptoms, along with mild apathy and disinhibition.

In sum, the present findings reveal impairments in verbal memory, visual memory, executive functioning, working memory, and aspects of language skills. A clear 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 instrumental activities of daily living. Ms. Jacobs's history, presentation, and test findings are consistent with a mild dementia, most likely attributable to an Alzheimer's disease etiology. Her mood symptoms may contribute to her cognitive impairments but are insufficient to fully explain them.

Recommendations:

1. Ms. Jacobs appears to be a good candidate for pharmacological treatment of her mild dementia.

2. She should continue to refrain from driving given her history of spatial disorientation and her impairments in visual memory and executive functioning.

3. Consideration of pharmacological management of her mood symptoms is recommended, along with regular monitoring of her mood functioning over time.

4. 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.

5. Ms. Jacobs 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.

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. Jacobs 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: 7/17/2026

****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).*