Houston Neuropsychology Associates, PLLC

Phone: 713-893-7105 • Fax: 713-893-7145 • Email: office@houston-npa.com • Web: houston-npa.com

Neuropsychological Evaluation

Name: Emma Joubert **Referral Source:** Amelia Averyt, MD

Date of Birth: 10/26/1940 **Date of Evaluation:** 7/1/2026

Reason for Referral: Dr. Averyt referred Ms. Joubert for neuropsychological re-evaluation due to a history of mild cognitive impairment. Results will elucidate her current level of functioning to inform diagnostic decision-making and update 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
Symbol Search (WAIS-IV)
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)
Color-Word Interference Test (D-KEFS)
Modified Wisconsin Card Sorting Test (MWCST)
Clock Drawing Test
Motor Functions
Grip Strength 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. Joubert and her daughter as well as a review of available medical records. She is an 85-year-old, right-handed, divorced, African American female with 18 years of education.

She was previously evaluated on 4/17/2025. Findings suggested mild cognitive impairment (nonamnestic multiple domain type) due to impairments in complex visuoconstruction and aspects of executive functioning. Please see previous records for additional information.

Interim History:

Ms. Joubert and her daughter reported a mild interim decline in aspects of cognition. Specifically, her daughter indicated a reduction in critical thinking ability. Additional mild difficulties were reported with recall of intentions and recall of recent conversations. Ms. Joubert functions independently for medication dispensation, financial management tasks, and cooking.

She discontinued driving in 2021; she makes all transportation arrangements without difficulty. Ms. Joubert continues to sell Mary Kay cosmetics without difficulty. No problems with physical self-care tasks were reported.

She denied mood symptoms. Her daughter concurred. There appears to be no indication of hallucinations or delusions.

Ms. Joubert's sleep is adequate. Her energy level is good; she exercises regularly. Her appetite is normal and her weight is stable.

Her medical history includes hypertension, hyperlipidemia, diabetes, stage 3A chronic kidney disease, hypothyroidism, bilateral cataracts, bilateral carpal tunnel syndrome, renal cancer, osteoarthritis, and gastrointestinal hemorrhage. Ms. Joubert underwent Botox treatment in March 2026 for urinary dysfunction; treatment has yielded a reduction in overnight restroom visits.

Ms. Joubert's surgical/procedural history includes tonsillectomy, right hip replacement, right bunionectomy, bilateral carpal tunnel release, partial thyroidectomy, and renal cryoablation.

She indicated no current alcohol consumption. She denied a history of nicotine or recreational drug use.

Her current medications include hydrochlorothiazide, losartan potassium, simvastatin, multivitamins, and vitamins B complex, C, and D3.

She is a retired teacher with 18 years of education. Ms. Joubert currently resides alone in a private residence in Houston. Her 2 sons live locally, as do several grandchildren. Her daughter resides in Illinois.

Behavioral Observations:

Ms. Joubert presented as a pleasant, casually dressed, well-groomed woman. Hearing and vision (corrected) appeared adequate for the purposes of the evaluation. She used a cane to assist with ambulation; gait was somewhat slowed. Other gross motor behaviors appeared normal. She presented as a good historian. Conversational speech was fluent. Mood appeared euthymic and affect was broad. Occasional reminders of task instructions were required. She performed adequately on embedded performance validity measures. Thus, the present results are believed to provide an accurate representation of Ms. Joubert's current level of neuropsychological functioning.

Results:

Mental Status: On the MMSE, Ms. Joubert obtained a score of 25/30. She was not oriented to the specific place. She recalled 0 of 3 items after a brief delay. She made an error on a serial subtraction task.

Intellectual: On a short form of the WAIS-IV, Ms. Joubert obtained a General Ability Index of 96, which falls within the average range. Index scores were as follows: Verbal Comprehension – 95 (average); Perceptual Reasoning – 98 (average); and Processing Speed – 79 (below average). On specific subtests, expressive vocabulary, verbal abstraction, visual pattern analysis, and construction of abstract block designs were average.

Academic: Oral word reading was average.

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

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

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

Processing Speed: Speed of visuoperceptual scanning and discrimination was low average, as was transcription of symbols according to a key.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was average for total word recall across three trials (6, 7, and 9 words, respectively). She recalled 8 words after a 20-minute delay, which was average for both absolute level of recall and when indexed against immediate recall performance. Delayed word recognition was low average (11 hits, 2 false positives).

Immediate recall of structured verbal material (stories) was high average. Delayed recall was above average for absolute level of recall and high average when indexed against immediate recall performance. Delayed recognition was within normal limits.

Immediate recall of geometric figures was average. Delayed recall was average for both absolute level of recall and when indexed against immediate recall performance. Delayed figural recognition was within normal limits.

Executive Functions: Speed of visual-graphomotor tracking was exceptionally low for a simple (numerical order) sequence but low average for a complex (alternating number-letter) sequence. Two errors were noted on the complex sequencing task. Speed of rote color naming and word reading was exceptionally low. Response inhibition was below average for speed but average for accuracy. Ms. Joubert'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. Her clock drawing performance indicated mild difficulty with spatial planning.

Motor Functions: Grip strength was below average bilaterally.

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

Impression: Mild Cognitive Impairment, Nonamnestic Multiple Domain Type

As compared to the 4/17/2025 evaluation, an interim improvement was noted in confrontation naming. A few other improvements and declines were evidenced, which appeared related to variability in processing speed.

Ms. Joubert did not endorse mood dysfunction.

In sum, the present findings indicate a few mild interim declines and improvements. Overall, however, Ms. Joubert's test pattern is quite consistent with that obtained when evaluated on 4/17/2025. She continues to demonstrate mild impairments in aspects of executive functioning and visuospatial skills. Processing speed was variable. She continues to meet criteria for mild cognitive impairment, with overall stable cognitive functioning. Importantly, she demonstrated intact abilities to encode, consolidate, and retrieve both verbal and visual material. Continued longitudinal neuropsychological monitoring is recommended to assist with etiological clarification and gauge stability over time.

Recommendations:

1. Given Ms. Joubert's mild impairment in aspects of executive functioning, a mechanism of oversight for medication dispensation, financial management, and major decision-making tasks would likely be prudent as a precaution.

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

3. Ms. Joubert 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. The current findings may serve as an impetus for Ms. Joubert to ensure that her affairs are in order in case her problems worsen. Designation of durable power-of-attorney for healthcare and financial matters, as well as establishment of a will and advance directive, would be prudent if not yet completed or up to date.

5. Continued participation in regular physical exercise, as tolerated, is recommended for its beneficial effects on both physical and mental health.

6. Repeat neuropsychological evaluation in one year is recommended to gauge potential progression of cognitive difficulties and to update treatment recommendations.

Dr. Averyt, 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: 7/3/2026

****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).*