

## Houston Neuropsychology Associates, PLLC

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### NEUROPSYCHOLOGICAL EVALUATION

Name:	Lugretha Khan	Education:	12 years
Date of birth:	7/16/1946 (79)	Handedness:	Left
Date of exam:	6/30/2026	Marital status:	Married
Ethnicity:	African American	Occupation:	Retired

Referral source: Barbara Robinson, NP

Ms. Khan's neurology provider referred her to assess for objective evidence of cognitive decline. Results will elucidate her current level of functioning to inform diagnostic decision-making and treatment planning; this evaluation is not intended for other purposes. Information was obtained from a clinical interview and a review of available medical records. She was seen with her daughter.

#### PRESENTING PROBLEMS & REVIEW OF SYMPTOMS

Ms. Khan denied cognitive concerns. In contrast, per her daughter, Ms. Khan exhibited a gradual onset of progressive memory decline "years ago." Examples include forgetting a medical procedure she did the day before, forgetting conversations, misplacing objects, and frequent repeating within minutes.

Ms. Khan lives with her husband and son. She has become dependent for meal preparation and appointment management, due to her cognitive decline. Her husband has always managed their finances. She noted that she does not drive, but she was unable to recall more details. She is otherwise functionally independent; however, she is reportedly not prescribed medications. She also bathes less often.

Ms. Khan endorsed sadness and agitation, "occasionally." She denied suicidal ideation. Per her daughter, Ms. Khan has "mood swings." Notably, in the last two years, Ms. Khan's son died and her home burned down. Her appetite and weight are stable. She has trouble initiating and maintaining sleep, but she reported a stable energy level. In contrast, her daughter indicated that Ms. Khan is sedentary and tired most days.

The following symptoms were denied: hallucinations, sensory changes, Parkinsonian symptoms, frank incontinence, and REM sleep behavior disorder.

#### MEDICAL HISTORY

Conditions: hypertension, heart disease, and kidney disease. She is awaiting a cardiac valve replacement.

Surgeries: none.

Current medications: none.

Mental health: Reportedly unremarkable.

Substance use: She denied alcohol, nicotine, and other substance use. She denied a history of substance dependence.

Family history: Her sister has Alzheimer's disease. Her mother died of diabetes complications in her 70s. She was otherwise unsure of her family's history.

### **SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY**

Ms. Khan was raised in Alabama and is monolingual in English. She has been married for about 58 years. She has 4 children, one of whom is deceased. She lives with her husband and son. She moved from New York to Texas in June 2025, after her home burned down.

She completed high school. She denied a history of learning difficulties.

She stated that she was primarily a homemaker. However, her daughter indicated that Ms. Khan was also a beautician and a preschool teacher.

### **BEHAVIORAL OBSERVATIONS**

Ms. Khan arrived on time and was accompanied by her daughter. She was appropriately dressed and groomed. She ambulated with a cane, with a slow gait. Her conversational language comprehension and expressive speech were unremarkable. However, her thought process was suggestive of memory impairment; she often stated, "I don't know," deferred to her daughter, was unsure of how many children she had, and could not recall her work history. She presented with a euthymic mood and an appropriate affect.

She was oriented to the season and state. In contrast, she was not oriented to the year, month, day of the week, date, city, county, or specific location (she mostly responded, "I don't know"). During testing, she performed slowly and frequently repeated herself.

### **TESTS ADMINISTERED**

Mini Mental Status Exam  
Wide Range Achievement Test-5, Word Reading  
Repeatable Battery for the Assessment of Neuropsychological Status  
BDAE Complex Ideational Material  
Neuropsychological Assessment Battery, Naming  
Clock Drawing  
Oral Trail Making Test  
Geriatric Depression Scale-Short Form  
Generalized Anxiety Disorder-7

### **RESULTS SUMMARY**

This evaluation is considered a valid assessment of Ms. Khan's current neuropsychological functioning. Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores. Her MMSE was 11/30 (-8 orientation, -5 serial subtraction, -3 recall, -1 repetition, -1 comprehension, -1 drawing).

Academic: Word reading was below average.

Attention & Processing Speed: Digit repetition was below average. Processing speed was exceptionally low for digit/symbol transcription and rote counting speed.

Executive Functioning: She was unable to perform number/letter set-shifting. Spontaneous clock drawing was grossly incomplete.

Language: Object naming was exceptionally low (13/31 words). Semantic verbal fluency was exceptionally low. She accurately answered 10/12 yes/no paired items on an auditory comprehension measure (below average).

Visuospatial: Judgment of line orientation was below average. Simple figure copy was exceptionally low; it was incomplete and disorganized. Clock copy was spatially sub-optimal.

Learning & Memory: Word list learning was exceptionally low, and recall was nil. Recognition of list words was below average. Simple story registration was exceptionally low, and recall was nil. Simple figure recall was nil.

Mood/Behavior: She endorsed mild levels of depressive and anxiety symptoms on self-report questionnaires that were read to her to improve understanding.

### **CLINICAL IMPRESSIONS**

Ms. Khan was grossly disoriented, her MMSE was 11/30, and her spontaneous clock drawing was impaired. Relatedly, she exhibited impairments across the domains of simple attention, processing speed, executive functioning, language, visuospatial skills, and memory. She endorsed mild depressive and anxiety symptoms.

In summary, Ms. Khan's cognitive profile was characterized by global cognitive impairment, including dense amnesia. The report of symptoms and current results warrant a dementia diagnosis, and Alzheimer's disease is the primary etiology of consideration. Relatedly, she lacked insight, and she has a family history of Alzheimer's disease. She reportedly remains independent for basic self-care activities; nevertheless, her results suggest more advanced dementia.

### **DIAGNOSTIC IMPRESSIONS**

Dementia Due to Alzheimer's Disease, Moderate Severity, with Agitation, Anxiety, and Mood Disturbance

### **RECOMMENDATIONS**

1. She appears to be a candidate from pharmacologic dementia treatment.
2. Pharmacologic mood management appears warranted.
3. She currently appears to be receiving an appropriate level of assistance. However, her family may wish to consider options for higher levels of care, such as home health or assisted living.
4. A trusted associate should continue accompanying her to appointments and be involved in decisions concerning her welfare. Her recall should not be assumed.
5. Documentation, such as a durable financial power of attorney, medical power of attorney, and an advanced care plan, should be in order and up to date.
6. Ongoing physical activity and engagement in enjoyable activities will remain important for optimizing her functioning.

7. She and her loved ones may benefit from the following resources:
  - a. *The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer's Disease, Related Dementing Illness, and Memory Loss Later in Life* by Nancy L. Mace and Peter V. Rabins.
  - b. The Alzheimer's Association (<http://www.alz.org>).
  - c. The Caregiver Action Network, which provides educational videos about Alzheimer's disease, life as a caregiver, and finding support (<https://www.caregiveraction.org/alzheimers-videos/>).
  - d. The Family Caregiver Alliance ([www.caregiver.org](http://www.caregiver.org)).
  - e. Amazing Place in Houston, TX, which is a day program and resource for further education, engaging activities, and caregiver support (<https://www.amazingplacehouston.org/>).

Thank you for this kind referral. Please do not hesitate to contact me if I can further assist.

*Jesse Passler*

Jesse Passler, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

*Billing note: Technician (Natalia Ponton, B.S.) performed face-to-face neuropsychological testing for 2.5 hours (96138 x1; 96139 x 4). I interviewed the patient via telehealth, reviewed medical records, integrated all information, and composed the report in its entirety, totaling 5 hours (96132 x1; 96133 x4).*