Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name: Morris Lovings
Date of Birth (Age): 7/31/1957 (68)
Ethnicity/Race: African American/Black
Date of Evaluation: 7/10/2026

Education: 8
Handedness: Left
Occupation: Retired
Marital Status: Married

This evaluation was conducted for clinical treatment planning and may not be valid for other purposes.

History and Presenting Problem: The following background information was gathered from an interview with the patient and review of available medical records. Mr. Morris Lovings is a 68-year-old, left-handed, African American/Black male referred for neuropsychological evaluation by Beatriz Casas, PA-C, secondary to concern about cognitive decline. MMSE was 28/30 on 4/29/2026.

Cognitively, Mr. Lovings presented as unsure about changes, attributing occasional forgetfulness to getting older. However, he noted that conversations often go "in one ear and out the other." He reported that his family has observed worsening short-term memory over the last few years. While he was unaccompanied to the current appointment, medical records indicate that his wife and daughter are concerned about him misplacing items, such as his phone, and repeating questions.

Functionally, Mr. Lovings continues to perform basic activities of daily living. His wife has assumed responsibility for managing their bills due to issues with bill pay. She also manages all household chores, cooking, and laundry. While he reportedly loads his pill organizer, he indicated that she often provides support with this task and reminders to take medication. He stopped driving "some time ago" due to poor vision and getting lost.

Physically, Mr. Lovings experiences routine pain in his back that radiates to his legs, stemming from an old back injury. He also endorsed numbness in bilateral feet. He uses a cane or walker to support mobility. He reported occasional falls but denied that these typically result in major injury. However, he described a fall where his large dog pulled him onto concrete, resulting in a broken rib; it is unclear when this occurred. Mr. Lovings wears glasses and has a diagnosis of glaucoma. Hearing issues were denied.

Emotionally, he described feeling "good" but overwhelmed by "so much stuff" going on. He recently lost a brother about a month ago and has a strained relationship with his son. He noted that his wife and daughter are a good source of support. Record review notes that his family has described him as stubborn and sometimes irritable. Suicidal ideation was denied. Behavior suggestive of psychosis was absent.

Regarding health habits, Mr. Lovings reported a significant weight loss from 305 lbs. to 260 lbs. due to a decreased appetite, noting that he is eating less. He sleeps well overall but has an obstructive sleep apnea diagnosis and a CPAP machine that is currently not working. He does not use alcohol, nicotine, or illicit substances.

Medical & Psychiatric History: Medical history is remarkable for hypertension, hyperlipidemia, type 2 diabetes, myocardial infarction, glaucoma, and obstructive sleep apnea (not currently treated).

He also has a history of L1 and L2 vertebrae fractures from a "two-story fall" in which he suffered some broken bones, brief loss of consciousness, and received medical care and rehabilitation; however, the specifics regarding this incident are unclear.

Psychiatric history is unremarkable.

Family medical history is notable for memory problems in both his mother and father before they passed away in their 80s and 70s/80s, respectively. He also has two brothers who passed away from heart-related incidents.

Medications: albuterol HFA, amlodipine, aspirin, atorvastatin, carvedilol, diclofenac, duloxetine, fluticasone propionate, gabapentin, hydralazine, hydrocodone-acetaminophen, ipratropium bromide, latanoprost, losartan, methylprednisolone, nitroglycerin, omeprazole, polyethylene glycol, semaglutide, tamsulosin, and trazodone.

Psychosocial History: Mr. Lovings was born and raised in Texas. He is a monolingual English speaker. He reported early struggles with learning in school and having been held back. He left school around the eighth or ninth grade to work full-time and support his family. He later attended seminary school and obtained a license to be a minister and elder.

Mr. Lovings worked installing telephone and cable until a severe fall ended that career. He subsequently worked in housekeeping and the executive suites at NRG until his foot problems worsened and he retired. Mr. Lovings was unable to provide a specific timeline of events.

Mr. Lovings is married and resides with his wife of 28 years. He reports one prior marriage. He has two children, a son and a daughter.

Behavioral Observations: Mr. Lovings presented to the appointment unaccompanied, having utilized transit services to get to the current appointment. He was casually dressed and well-groomed. He utilized a cane to support ambulation. Gait was slowed and mildly unsteady. Interpersonally, Mr. Lovings was friendly and easily engaged. Comprehension was grossly intact. Spontaneous speech was clear, goal-directed, and fluent, but his rate of speech was slowed. Thought content was logical but he showed considerable difficulty with recalling specific details and timeline of events from his personal history. There was no behavioral indication of hallucinations or delusional thinking. He was alert and fully oriented to person and time. His orientation to place was mildly compromised (he could not name the specific clinic or city). He exhibited appropriate eye contact. Vision (corrected) and hearing were adequate for the

purposes of testing, though he noted a history of glaucoma. Affect was full and appropriate to the setting. Rapport was established with ease. With regard to test taking style, Mr. Lovings was easily engaged. While he largely followed task instructions as provided, select activities were discontinued due to poor comprehension despite additional teaching. He worked slowly but was highly cooperative. He attempted all activities asked of him.

Results: On an embedded measure of task engagement/performance validity, the patient's performance was below recommended clinical cutoffs, although consistent with a pattern seen in individuals with genuine cognitive impairment. Cognitive results are considered an accurate representation of his current functioning.

Performance descriptors follow the American Academy of Clinical Neuropsychology consensus statement on uniform labeling of test scores.

Domain	**Test Name**	**Raw Score**	**Descriptor**
Auditory Attention	WAIS-IV DSF	5	Below Average
	WAIS-IV DSB	5	Low Average
	WAIS-IV DSS	3	Below Average
Visual Attention & Processing Speed	WAIS-IV Coding	19; 1 error	Exceptionally Low
	WAIS-IV Symbol Search	11	Below Average
	Trail Making Test- A	101 seconds	Below Average
	D-KEFS Color-Word Color Naming	50 seconds; 1 error	Exceptionally Low
	D-KEFS Color-Word Word Reading	38 seconds	Exceptionally Low
Language	WRAT-5 Word Reading	39	Below Average
	WAIS-IV Vocabulary	12	Below Average
	NAB Naming	27	Low Average
	Animal Naming	9	Low Average
Verbal Memory	HVLT-R Total (1-4-4)	9	Exceptionally Low
HVLT-R	Delayed Recall	4	Below Average
	% Retained	100%	Average
	Recognition Hits	6	Exceptionally Low
	False Positives	1	Exceptionally Low
	Recognition Discrimination	---	Exceptionally Low
WMS-IV	Logical Memory I	26	Average
	Logical Memory II	15	Average
	Retention	---	Average
	Recognition	16	Low Average
Visual Memory	Visual Reproduction I	17	Exceptionally Low

WMS-IV	Visual Reproduction II	6	Below Average
	Retention	---	Average
	Recognition	3	Low Average
Visuospatial	WAIS-IV Matrix Reasoning	5	Below Average
	RCFT Copy	23; disorganized approach to figure copy	Exceptionally Low
	Judgment of Line Orientation	13	Average
Executive Functioning	FAS	13	Low Average
	Trail Making Test- B	Discontinued at sample; unable to complete despite simplification/teaching	---
	D-KEFS Color-Word Inhibition Time	105 seconds	Below Average
	D-KEFS Color-Word Inhibition Errors	2	Average
	D-KEFS Color-Word Inhibition/Switching Time	192 seconds	Exceptionally Low
	D-KEFS Color-Word Inhibition/Switching Errors	15	Exceptionally Low
	WAIS-IV Similarities	14	Below Average
	M-WCST	1 category completed; prematurely discontinued after multiple errors	---
	CLOX-1	12	Within Normal Limits
Motor	Grooved Pegboard-DH	146 seconds	Low Average
	Grooved Pegboard-NDH	161 seconds	Average
Self-Report	PHQ-9	3	Within Normal Limits
	GAD-7	2	Within Normal Limits

Impressions: Performance on the current neuropsychological evaluation is interpreted within the context of his estimated premorbid baseline. Considering Mr. Lovings' formal educational background and steady occupational history, his foundational cognitive abilities are estimated to fall within the low average range.

Mr. Lovings scored within the average to low average range on measures of visuospatial perception, spontaneous clock draw, digit reversal, confrontation naming, verbal fluency (phonemic and semantic), and bilateral fine motor speed and dexterity. Story learning and memory was solidly within the average range. In contrast, rote list learning was exceptionally low, but he exhibited good retention of learned information; recognition, however, was poor. Registration of visual information was also exceptionally low but with good retention and recognition of previously learned information.

He performed within the below average range on measures of digit repetition and sequencing, speeded cancellation, and speeded numerical sequencing. Single word reading, fund of word knowledge, verbal abstract reasoning, and nonverbal reasoning were also within the below average range.

Most notably, his processing speed and executive functioning were significantly reduced. He exhibited exceptionally low processing speed across multiple timed tasks (e.g., speeded symbol/digit transposition, rapid color naming, and word reading). Speeded response inhibition was below average for time, but average for accuracy. However, when an additional switching demand was introduced, his performance declined to exceptionally low for time and accuracy. He demonstrated severe executive dysfunction, particularly on tasks requiring cognitive flexibility, set-shifting, and novel problem-solving. He was unable to complete a complex alphanumerical sequencing despite simplification and teaching, and a novel card sorting task was prematurely discontinued after he completed only one category with multiple errors. Complex visual planning and construction were also exceptionally low.

From an emotional standpoint, he denied clinically significant symptoms of depression and anxiety on self-report measures.

Summary: Mr. Lovings' neurocognitive profile is remarkable for significant executive dysfunction, slowed processing speed, and marked deficits in the acquisition of unstructured verbal and visual information. Functionally, he has experienced a significant decline in his independence over the last few years; his wife has assumed responsibility for medication management, financial affairs, and household chores. He has also ceased driving due to physical and cognitive decline.

Considering all available clinical information, including objective test findings and subjective complaints regarding cognitive and functional decline, a diagnosis of mild dementia is warranted at this time. The specific pattern of profound executive dysfunction and slowed processing speed—alongside poor initial acquisition but relatively preserved retention of learned information—is highly characteristic of a subcortical, vascular profile. Therefore, the etiology of his cognitive decline is highly concerning for a significant vascular contribution given his documented medical history of a myocardial infarction, hypertension, hyperlipidemia, and type 2

diabetes. However, a superimposed Alzheimer's disease process cannot be entirely excluded. Overall, the nature and severity of these cognitive changes underscore the importance of close clinical monitoring and ongoing functional support.

Diagnosis: Dementia, Probably Due to Vascular Factors, Mild Severity, Without Behavioral Disturbance

Recommendations:

- *Vascular Health*: Given his history of myocardial infarction, hypertension, hyperlipidemia, and type 2 diabetes, aggressive management of his vascular risk factors is strongly recommended to help slow any potential vascular contributions to his cognitive decline. He should continue close follow-up with his primary care physician and relevant specialists.

- *Sleep Apnea Optimization*: Mr. Lovings has a diagnosis of obstructive sleep apnea but reported his CPAP machine is currently broken and not in use. Untreated sleep apnea can significantly exacerbate memory and executive functioning deficits; he is encouraged to consult with his physician or a sleep specialist to repair or replace his machine and improve adherence.

- *Pain Management*: He reported experiencing chronic, 24-hour pain stemming from an old back injury that radiates into his legs. Chronic pain can heavily drain a person's mental energy and attention. He should continue working closely with his medical team to optimize his comfort and mobility.

- *Financial and Medication Oversight*: His wife has proactively assumed responsibility for his medication management and paying bills. This direct oversight and verification should continue, as he is vulnerable to missing doses, double-dosing, or making financial errors due to cognitive impairment.

- *Driving:* It is strongly recommended that Mr. Lovings maintain his cessation of driving.

- *Fall Precautions:* Mr. Lovings utilizes a cane or walker to support his mobility, experiences leg numbness, and has a history of falls. He and his family should exercise heightened vigilance regarding environmental hazards in the home (e.g., securing loose rugs, ensuring clear pathways) to prevent further injuries.

- *Compensatory Strategies*: Mr. Lovings' family members should communicate using simplified, one-step instructions. Ensuring they have his full attention before speaking and allowing him ample time to process and respond will reduce frustration for both him and his family. To reduce the burden on his memory, the family should implement prominent external memory aids. A large, centralized calendar or information board displaying the day, date, and time, as well as upcoming appointments, can help orient him and provide reassurance.

- *Emotional Support & Social Activation*: Mr. Lovings has recently navigated significant psychosocial stressors, including the sudden loss of his brother and estrangement from his son. Given his background as an ordained minister and elder, he may greatly benefit from pastoral counseling or re-engaging with his church community to find spiritual support, process his grief, and maintain a sense of purpose.

- *Advance Directives*: It is highly recommended that the family ensure all legal and medical documents (e.g., Medical Power of Attorney, Durable Power of Attorney, Advance Directives, and Will) are established and up to date.

Thank you for the opportunity to participate in this patient's care.

Aimee Giammittorio, Ph.D.
Licensed Psychologist

Electronically signed: 7/10/2026.