Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

NAME: Sandra Luckett **REFERRAL SOURCE:** Angelica Miller, FNP-C

DATE OF BIRTH: 11/25/1949 (76) **DATE OF EXAM:** 07/07/2026

REASON FOR REFERRAL

Angelica Miller, FNP-C, referred Ms. Luckett for a neuropsychological evaluation due to suspected cognitive decline. The present test results will elucidate her current level of functioning to inform diagnostic decision-making and treatment planning.

***Identifying Information*:** The following information was obtained from a clinical interview with Ms. Luckett and a review of available medical records. Ms. Luckett is a 76-year-old, right-handed, single, African American female with 16 years of education.

***Presenting Problem*:** Ms. Luckett reported being referred for this evaluation because she is "starting to forget a lot." While she attributed some of her cognitive changes to normal aging, she feels her memory is progressively worsening, noting an onset of symptoms approximately three to five years ago. Specifically, she endorsed forgetting names and appointments, misplacing items (e.g., passport and keys), repeating herself, and asking others to repeat information. She also acknowledged slightly reduced processing speed. Of note, Ms. Luckett thought that she might have undergone cognitive testing approximately five to six years ago, but she was uncertain.

Functionally, Ms. Luckett reported that she remains independent with all basic self-care tasks and instrumental activities of daily living, although she admitted that she has less motivation to perform household chores. She also indicated that her bills are scheduled to automatically draft from her account, which is helpful.

From an emotional standpoint, Ms. Luckett denied symptoms of depression or anxiety. She also denied suicidal ideation or symptoms suggestive of psychosis. Her weight is relatively stable. She indicated that her sleep onset is adequate, but her sleep maintenance is affected by nocturia. Consequently, her energy level is reduced.

MEDICAL HISTORY

Ms. Luckett's medical history is significant for hypertension, hyperlipidemia, diabetes, heart disease, hypothyroidism, pituitary tumor, arthritis, osteopenia, and cataracts. She also experienced a transient ischemic attack (TIA) in 2021. Symptoms at that time included left-sided weakness (face, arm, and leg) and language dysfunction. She was admitted to the hospital for two to three days and reported no residual cognitive or physical deficits.

Diagnostic Tests & Imaging: A brain CT on 04/29/2026 found no evidence of an intracranial abnormality or hemorrhage.

Surgeries: Surgical history includes an appendectomy, bilateral total hip arthroplasties, breast biopsy, hysterectomy, knee surgery, left breast lumpectomy, pituitary surgery, transcatheter aortic valve replacement, and transsphenoidal surgery.

Current Medications: Her current medication regimen consists of amlodipine, aspirin, atorvastatin, calcium, glucosamine, lisinopril, methylsulfonylmethane, metoprolol, omega 3-6-9 fatty acids, and vitamin C.

Substance Use: Ms. Luckett denied a history of alcohol, nicotine, or recreational drug abuse.

Family History: Ms. Luckett reported that her mother had lung cancer and died at age 66. Her father had Alzheimer's disease and prostate cancer; he died at age 99. She has three brothers and one sister. One brother (deceased) had a history of asthma, and her sister has asthma and sarcoidosis. Another brother has sickle cell disease.

MENTAL HEALTH HISTORY
Ms. Luckett denied a history of mental health treatment.

EDUCATIONAL HISTORY
Ms. Luckett completed 16 years of formal education, earning a bachelor's degree in marketing and general business from Texas Southern University. She described herself as an "A-B" student. She denied a history of special education services, grade retention, or specific learning disorders.

OCCUPATIONAL HISTORY
Ms. Luckett was employed in various marketing positions throughout her career. She retired from the workforce in 2013.

SOCIAL HISTORY
Ms. Luckett was born and raised in Houston, Texas. Her primary language is English. Ms. Luckett has never been married and has two children. She currently resides with her daughter in Missouri City, Texas.

BEHAVIORAL OBSERVATIONS
Ms. Luckett arrived promptly and was unaccompanied. She was appropriately dressed, well-groomed, and ambulated with a cane. Her vision (corrected) and hearing were adequate for testing purposes. Her speech was within normal limits. Ms. Luckett reported that her mood was “fine,” and her affect was consistent with conversational content. Overall, she was pleasant and cooperative, demonstrating good engagement throughout testing. The results of this evaluation are considered a valid assessment of her current neuropsychological functioning.

TESTS ADMINISTERED
Adult Neuropsychology History Questionnaire
Clinical interview with the patient
Mini Mental State Examination (MMSE)
Wide Range Achievement Test – 5th Edition, Word Reading
Wechsler Adult Intelligence Scale – IV, selected subtests
Wechsler Memory Scale – IV, selected subtests
Hopkins Verbal Learning Test – Revised
Neuropsychological Assessment Battery, Naming
Controlled Oral Word Association Test
Animal Fluency Test
Repeatable Battery for the Assessment of Neuropsychological Status, selected subtests
Grooved Pegboard Test
Trail Making Test
Delis-Kaplan Executive Function System, selected subtests
Modified Wisconsin Card Sorting Test
Beck Anxiety Inventory
Geriatric Depression Scale

NEUROPSYCHOLOGICAL FUNCTIONING

***Mental Status*:** Ms. Luckett obtained a score of 27 out of 30 on the MMSE. She misidentified the county, was unable to recall one of the three words after a brief delay, and incorrectly followed one step of a multistep command.

Premorbid Intelligence: Estimated premorbid intellectual functioning, based on single-word reading, was average.

Attention & Processing Speed: Digit repetition, reversal, and sequencing were average. Speeded rote color naming was high average, while speeded rote word reading was average. Visual scanning and symbol

identification, as well as speeded visual-graphomotor tracking of a numerical sequence, were above average. Number and symbol transposition was high average.

Learning & Memory: Word list learning was average, but delayed recall was exceptionally low, with zero words produced. Her percent retention was also exceptionally low; however, list recognition memory was low average. Immediate story memory was average, but delayed story recall and recognition were below average. Similarly, her percent retention for story memory was below average. Immediate visual memory was average, and delayed visual memory and recognition were low average. Conversely, her percent retention for visual memory was below average.

Language: Expressive vocabulary was average. Both semantic and phonemic verbal fluency were also average. Confrontation naming was high average.

Visuospatial/Construction: Complex figure construction and visual organization of abstract block designs were average. However, visuospatial judgment was exceptionally low.

Motor Functioning: Fine motor dexterity was average bilaterally.

Executive Functioning: Nonverbal abstraction was high average, and verbal abstraction was average. Speeded visual-graphomotor tracking for an alternating alphanumeric sequence was high average, though she committed two errors. Response inhibition speed and accuracy were both high average. Set-shifting speed was high average, but set-shifting accuracy was low average. She also completed a measure of novel card sorting that required learning and strategy modification in response to feedback; her ability to establish sets was low average, and her ability to switch sets was below average.

Emotional & Behavioral Functioning: On brief self-report measures of mood, Ms. Luckett endorsed minimal symptoms of anxiety and depression.

SUMMARY

Ms. Luckett was referred for this evaluation to assess for objective evidence of cognitive decline. Her current neuropsychological profile revealed significant memory impairments, highlighted by deficits in delayed verbal recall, rapid forgetting of both verbal and visual information, and reduced contextual verbal recognition. Additional difficulties were noted on measures of visuospatial judgment and switching novel sets. Low average scores were evident in rote verbal recognition, visual memory (recall and recognition), set-shifting accuracy, and establishing novel sets. The remainder of her cognitive performance fell in the average range or higher. On brief measures of mood, she reported minimal symptoms of anxiety and depression.

Taken cumulatively, Ms. Luckett exhibits some areas of cognitive decline relative to both her same-aged peers and her estimated premorbid level of functioning. Based on her test results and report of intact functional abilities, a diagnosis of mild cognitive impairment is most appropriate. Currently, her performance pattern appears more consistent with an early Alzheimer's disease process than with her history of cerebrovascular risk factors; however, the latter cannot be entirely ruled out. Continued monitoring will be essential to further elucidate the etiology of her deficits and assess for any potential change or decline over time.

Impressions: Mild Cognitive Impairment, Amnestic Type, Multiple Domain

Recommendations:

1. **Complex Decision-Making**: Ms. Luckett is encouraged to verify that documentation, such as a durable power of attorney, medical power of attorney, and an advance care plan, is in order. This will ensure that her wishes are considered in future decision-making processes (e.g., medical, legal, and financial).

2. **Financial & Medication Management**: She is encouraged to continue utilizing her current compensatory strategies, such as automatic bill payment for her finances and routines for medication management.

3. **Driving**: Ms. Luckett stated that she currently drives without difficulty. Nonetheless, she may benefit from restricting her driving to familiar places, preferably close to home. If she wishes to drive to new or unfamiliar destinations, it is recommended that she travel with another licensed driver. She is also encouraged to keep a mobile phone with her as a precaution in case she becomes lost or needs assistance.

4. **Daily Organization & Memory Aids:** To assist with rapid forgetting and reduce frustration, daily routines and structure are strongly encouraged. She would benefit from using a central, visible location for daily necessities (e.g., keys, passport, wallet, and cell phone) and utilizing a calendar for necessary information.

5. **Medical & Sleep Considerations**: Ms. Luckett reported that her sleep maintenance is frequently interrupted by nocturia. She would benefit from consulting with her primary care physician or a urologist to address this matter, as fragmented sleep can exacerbate cognitive inefficiencies and reduce daytime energy.

6. **Social/Physical Engagement**: She is encouraged to continue participating in routine physical and social activities, as they will be essential for maintaining her overall health and preventing social withdrawal.

7. **Longitudinal Monitoring**: She would benefit from repeat neuropsychological testing in 12 months to further monitor her cognitive status.

Thank you very much for allowing me to participate in the care of this patient. If I can provide additional assistance or information, please do not hesitate to contact me at (713) 893-7105.

Darci R. Morgan, Ph.D., ABPP

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Board Certified, American Board of Clinical Neuropsychology
Electronically signed: 07/07/2026