

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: Ora Morrow

Referral Source: Joan Manu, FNP-C

Date of Birth: 1/31/40

Date of Evaluation: 7/6/26

Reason for Referral: Ms. Morrow's neurology nurse practitioner referred her for evaluation due to suspected cognitive decline. Results will elucidate her current level of cognitive, emotional, and behavioral functioning to inform diagnostic decision-making and treatment planning.

Functions Assessed and Instruments Employed:

Background

Clinical Interview

Medical History Questionnaire

Intellectual

Wechsler Adult Intelligence Scale – IV (portions)

Language

Token Test (MAE)

NAB Naming Test

Verbal Fluency (FAS)

Semantic Fluency (Animal Naming)

Word Reading (WRAT-5)

Visuospatial/Constructional

Judgment of Line Orientation

Rey Complex Figure Test

Attention

Digit Span (WAIS-IV)

Symbol Search (WAIS-IV)

Learning and Memory

Hopkins Verbal Learning Test – Revised

Logical Memory (WMS-IV)

Visual Reproduction (WMS-IV)

Executive Functions

Color Trails Test

Modified Wisconsin Card Sorting Test

Motor Functions

Finger Tapping Test

Mood/Behavior

Dementia Severity Rating Scale

Activities of Daily Living Questionnaire

Neuropsychiatric Inventory – Questionnaire

Perceived Deficits Questionnaire

Patient Health Questionnaire – 9

Generalized Anxiety Disorder Questionnaire – 7

Identifying Information:

The following information comes from a clinical interview with Ms. Morrow and her daughter, as well as a review of available medical records. Ms. Morrow is an 86-year-old, right-handed, divorced African American female with 12 years of education.

Presenting Problems: Ms. Morrow reported having short-term memory problems. “My memory has slowed down,” she said. She indicated that she occasionally forgets people’s names and locations of items. Her daughter added that she quickly forgets information told to her and needs reminders. She often repeats herself without realizing it. These problems developed four years ago and have noticeably worsened after a fall in January 2026 (described below).

Ms. Morrow acknowledged feeling mildly anxious. Her daughter added that she has observed mildly heightened irritability. Her appetite is reduced with an associated 10-pound weight decrease since the aforementioned fall. Her sleep is adequate. However, her energy level is mildly reduced, such that she takes occasional daytime naps. She denied suicidal ideation.

She limits her driving to local destinations. She denied any instances of becoming lost or confused on the road, as well as any recent auto accidents. Her daughter organizes her medications into a pillbox for her, which she then reportedly takes reliably. Her son has managed

her finances since her hospitalization in January 2026. She needs assistance with shopping and meal preparation. Her ability to perform activities of daily living is otherwise reportedly unchanged from her baseline.

Medical History: She has coronary artery disease, congestive heart failure, hypertension, hyperlipidemia, diabetes, cervical radiculopathy, and uncorrected hearing loss.

In January 2026, Ms. Morrow fell from a stool at home and sustained a left hip fracture that required surgical intervention. During her hospitalization, she developed acute delirium, characterized by confusion and repeating herself numerous times without realizing it. She was discharged to a skilled nursing facility for one week but was briefly readmitted to the hospital in February 2026 for congestive heart failure. She was discharged home after one week and completed outpatient physical therapy until May 2026.

A CT of the brain (1/21/26) reported no acute intracranial abnormality. Chronic brain parenchymal volume loss and microvascular ischemic changes were described. Focal right occipital encephalomalacia was noted.

Surgeries: coronary artery bypass grafting x 2, mitral valvuloplasty, arterial blockage repair, pacemaker insertion, hysterectomy, left hip hemi-arthroplasty, cervical spine surgery, bilateral cataract removal, EGD, and colonoscopy.

Current medications: clopidogrel, Jardiance, Lantis, Novolog, Tradjenta, amlodipine, carvedilol, Lasix, ezetimibe, rosuvastatin, gabapentin, calcium, and vitamin D₃.

Substance use: She denied a history of alcohol, nicotine, and recreational drug use.

Family history: Her mother had diabetes and hypertension; she died in her 80s. Her father had hypertension and died at 96. She has eight brothers and two sisters. Several of her siblings have diabetes, hypertension, and hyperlipidemia.

Mental Health History: She denied a history of mental health diagnosis and treatment.

Educational History: Ms. Morrow is a high school graduate. She reported earning a C-D average in school. She denied a history of grade retention and known specific learning disorder.

Occupational History: She worked as a pediatric licensed vocational nurse. She retired at age 70.

Social History: Ms. Morrow was born in Plaquemine, LA. She was married and divorced twice. She has five daughters and one son. She lives with her son and grandson.

Behavioral Observations:

Ms. Morrow presented as a nicely dressed, well-groomed woman. She ambulated slowly with a cane and wore prescription glasses. Mood was pleasant and affect was broad. Speech was fluent. She misidentified the current month by one. She identified the current year as “1926.” She knew

the current president but misidentified the previous one as Obama. In contrast, she knew the day of the month and day of the week. She misidentified the city as Houston; she was seen at our Pearland office. She knew the testing location, however. Orientation to person and situation was intact. During the test session, the examiner had to provide frequent elaboration, simplification, and repetition of test instructions. With such support, Ms. Morrow understood all test instructions adequately. She was cooperative. Evaluation results appear to provide an accurate representation of her current level of neuropsychological functioning.

Results:

Intellectual: Ms. Morrow obtained a Full Scale IQ of 78, which falls within the below average range. Across ability domains, Verbal Comprehension (78) was below average and Perceptual Reasoning (82) was low average. On specific subtests, oral expression of word meanings was low average. Abstract verbal reasoning was below average. In contrast, construction of abstract block designs was average. Visual pattern analysis was low average.

Language: Auditory comprehension of commands varying in syntactic complexity was below average. Visual object naming was low average. Controlled oral verbal fluency was average to both phonemic and semantic criteria. Oral word reading was low average.

Visuospatial/Constructional: Judgment of angular line relations was high average. Her copy of a complex geometric design was exceptionally low, however.

Attention: Immediate recall of orally presented number sequences was average in forward order and low average in reverse order. Speed of visuoperceptual scanning and discrimination was low average.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was below average for total word recall across three trials (5, 5, and 3 words, respectively). In contrast, after a 25-minute delay, she was able to recall 5 words from the list, which is high average in relation to her level of immediate recall (100% savings). Delayed word recognition was exceptionally low, however (7 hits, 2 false positives).

Immediate recall of structured verbal material (stories) was average. Delayed (30-minute) recall of the same material was average as well. Delayed recognition of story elements was low average.

Immediate recall of geometric figures was low average. Delayed (30-minute) recall of the same figures was average. Delayed figural recognition was low average.

Executive Functions: Speed of visual-graphomotor tracking was low average for a simple (numerical order) sequence and average for a complex (alternating number-color) sequence. She made one error on the complex sequence, which is within normal limits. In contrast, performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was below average for the ability to establish set and low average for the ability to shift set.

Motor: Fine motor speed (index finger tapping) was low average bilaterally.

Mood/Behavior: Ms. Morrow's self-report of depressive symptoms fell within the mild range, which primarily reflected endorsement of insomnia, anergia, and poor appetite, rather than negative mood. Her self-report of anxiety symptoms also fell within the mild range.

Impression: Mild Cognitive Impairment, Amnestic Multiple Domain Type

Ms. Morrow's neuropsychological evaluation revealed mild to moderate impairments in temporal orientation, auditory comprehension, abstract verbal reasoning, visual pattern analysis, complex design construction, rote verbal learning, recognition memory for a word list and figural material, ability to establish/shift set, and fine motor speed (bilaterally).

In contrast, she demonstrated a strength in visuospatial judgment. Her expressive vocabulary, object naming, verbal fluency, semantic fluency, word reading, block design construction, working memory, processing speed, delayed recall of a word list, story memory, delayed recall of figural material, and complex sequencing all fell within broad normal limits. Orientation to person and situation was intact.

Her self-report of depressive symptoms fell within the mild range, which primarily reflected endorsement of insomnia, anergia, and poor appetite, rather than negative mood. Her self-report of anxiety symptoms also fell within the mild range.

Ms. Morrow's history and current test data warrant a diagnosis of MCI (amnestic multiple domain type). Impairments in auditory comprehension, rote verbal learning, aspects of executive functioning, and fine motor speed are the most salient aspects of her profile. Such a pattern suggests predominantly frontal-subcortical systems involvement. A cerebrovascular etiology seems likely based on this pattern and her medical history that includes numerous vascular risk factors. She does not meet criteria for dementia at this time, though longitudinal monitoring would be prudent. She reported mild anxiety symptoms that warrant monitoring but are not sufficient to explain her cognitive impairment.

Recommendations:

1. Continued oversight of her medications and finances is recommended. The current findings may serve as an impetus for her 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.
2. Due to her mild cognitive impairment, it would be prudent for a family member or trusted associate to accompany her to all meetings of importance, such as medical appointments. Information should be presented to her in written form so that she may refer to it later when feasible.
3. Regular physical exercise is recommended for its beneficial effects on brain health, mood, and cognitive maintenance.

4. Use of a smartphone is recommended to record important information, set reminders, and maintain an organized schedule.

5. Her impairments in aspects of executive functioning, as well as her uncorrected hearing loss, raise potential concerns about her driving safety. We recommend that she continue to limit her driving to short distances and familiar destinations under favorable conditions. She should keep a cell phone with her at all times in case she becomes lost or needs assistance. Further details may be obtained through a driving evaluation. One is available from Strowmatt Rehabilitation Services (713-722-0667).

6. Neuropsychological reevaluation in one year is recommended to track her progress and facilitate updated recommendations.

Thank you for this kind referral. If we may be of further assistance, please do not hesitate to contact us.

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Electronically signed: 7/7/26.