Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

Name:	Victor Nguyen	Education:	15 years
Date of birth:	8/29/1965 (60)	Handedness:	Right
Date of exam:	7/13/2026	Marital status:	Divorced
Ethnicity:	Asian	Occupation:	Part-time

Referral source: Alix Halter, FNP-C

Mr. Nguyen's neurology provider referred him to assess for objective evidence of cognitive decline. Results will elucidate his 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. He was seen with his wife.

PRESENTING PROBLEMS & REVIEW OF SYMPTOMS

Mr. Nguyen reported forgetfulness. He relayed an instance of forgetting the events of a road trip last year, and an instance of forgetting that his cable company sent him a modem. He also described misplacing items. He reported a gradual onset about 5 years ago. Per his wife, his navigation is poor, even for familiar areas, and his processing speed is reduced. He repeats himself, forgets appointments, and he forgets events such as vacations they have gone on and restaurants they have eaten at in the last year. She stated, "Give him a little time, and it is all wiped." However, his recall often benefits from cues. She reported a gradual ongoing cognitive decline. Notably, Mr. Nguyen described a history of undiagnosed attention-deficit/hyperactivity disorder symptoms. He has always been hyperactive, distractible, and disorganized, which led to frequent reprimanding when he was a young student in school.

Mr. Nguyen's wife has begun assisting him with appointment management, due to his cognitive issues. He is otherwise functionally independent, but he has difficulties. His wife noted that he has occasionally forgot to pay bills within the last year. Recently, she asked him to get a few items from the grocery store, but he came home with different items. As previously noted, he has trouble navigating even in familiar areas, so he relies on a GPS. Nevertheless, he works part-time as a driver for a ride share application.

Emotionally, Mr. Nguyen reported frustration due to his cognitive issues, noting that he recently forgot his son-in-law's name. He denied suicidal ideation. His wife described him as somewhat more irritable. His appetite and weight are stable. He has longstanding insomnia and sleep apnea, which impacts his sleep. He is somewhat fatigued, but he can accomplish what he needs to.

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

MEDICAL HISTORY

Conditions: hypertension, hyperlipidemia, insomnia, and sleep apnea (he is awaiting insurance approval of a PAP device). He had two episodes of brief loss of consciousness in childhood, but he denied a history of a significant brain injury.

Surgeries: hemorrhoid.

Current medications: amlodipine, losartan, zolpidem PRN, and melatonin. He was taking Benadryl nightly for at least a year until substituting this for melatonin. He recently stopped his statin medication.

Neuroimaging: A head CT on 2/16/2026 reportedly showed calcified plaque buildup in the left vertebral artery and was otherwise unremarkable.

Mental health: He described a history of undiagnosed attention-deficit/hyperactivity disorder symptoms. He has always been hyperactive, distractible, and disorganized, which led to frequent reprimanding when he was a young student in school. His mental health history is otherwise unremarkable.

Substance use: He consumes 1-2 alcoholic beverages weekly, on average. He consumes 0.75 packs of cigarettes daily, and he has been smoking for 42 years. He denied other substance use.

Family history: His mother had unspecified dementia and died in her late-80s. His father is currently in his late 80s and has a history of stoke with subsequent aphasia. He has 6 siblings whose history is unremarkable.

SOCIAL, EDUCATIONAL, & OCCUPATIONAL HISTORY

Mr. Nguyen was raised in Vietnam and moved to the U.S. at age 18. His native language is Vietnamese, and he became proficient in English after moving to the U.S. His comfort for each language depends on the subject matter he is discussing; he prefers conducting medical appointments in English. He was married for 27 years until getting divorced 2 years ago. However, he and his wife remain together and live together. They have two children.

He completed high school in the U.S., and about 3.5 years of college credits. He denied a history of learning difficulties.

His occupational history includes being self-employed in multiple roles. He and his wife owned a restaurant, he remodeled and sold homes, he was a relator, he was a car salesman, and he was a medical interpreter. He currently works part-time as a driver for a ride-sharing service application.

BEHAVIORAL OBSERVATIONS

Mr. Nguyen arrived on time and was accompanied by his wife. He was appropriately dressed and groomed. He ambulated independently. His conversational language comprehension and expressive speech were unremarkable. His thought process was normal; however, he occasionally deferred to his wife for information. He presented with a euthymic mood and an appropriate affect.

He was fully oriented. His behavior during testing was unremarkable.

TESTS ADMINISTERED

Wide Range Achievement Test-5, Word Reading
Wechsler Adult Intelligence Scale-IV, portions
Wechsler Memory Scale-IV, portions
Hopkins Verbal Learning Test-Revised
Rey Complex Figure Copy
Trail Making Test
D-KEFS Design Fluency Test
Finger Tapping Test

Neuropsychological Assessment Battery, Naming
Phonemic Fluency (FAS)
Animal Naming Test
RBANS Line Orientation

Clinical Assessment of Attention Deficit
Patient Health Questionnaire-9
Generalized Anxiety Disorder-7

RESULTS SUMMARY
Performance descriptors follow the AACN consensus conference statement on uniform labeling of performance test scores.

Sensory/Motor: Bilateral finger tapping speed was average.

Academic: English word reading was average.

Attention & Processing Speed: Digit span was low average; repetition was average, reversal was average, and sequencing was low average. Processing speed was average for digit/symbol transcription and average for symbol identification.

Executive Functioning: Speeded number/letter set-shifting was high average with no errors. Unique design generation involving a switching component was average, and total design accuracy was high average. Visual abstract reasoning was average.

Language: Object naming was below average (27/31 words). Phonemic verbal fluency was average. Semantic verbal fluency was average.

Visuospatial: Judgment of line orientation was error-free. The construction of block designs was high average. Complex visuospatial reproduction was below average due to minor imprecision; however, the figure was otherwise well-represented.

Learning & Memory: Word list learning was low average, and delayed recall was average. Recognition of list words was average. Narrative acquisition was average, and delayed recall was high average. Recognition of story elements was within normal expectations. Figure acquisition was high average, and delayed recall was above average. He identified all 7 figures on a recognition format. Retention was above average for narratives, high average for figures, and average for the word list.

Mood/Behavior: He endorsed a mild level of depressive symptoms, due to physical/cognitive as opposed to emotional symptoms, and a normal level of anxiety symptoms on self-report questionnaires. On a standardized inventory of attention-deficit/hyperactivity disorder symptoms, he produced a valid profile. He endorsed a mild clinical risk of both childhood and adult AD/HD symptoms, with current significant inattention.

CLINICAL IMPRESSIONS
Mr. Nguyen was raised in Vietnam, and his native language is Vietnamese, which should be considered when interpreting his test results. His motor speed, processing speed, executive functioning, visuospatial skills, and memory were normal. His object naming performance was slightly low, but this was not especially clinically meaningful. His other language performances were normal. His attention/working memory and word list learning were relative weaknesses. He endorsed mild depressive symptoms, and his standardized AD/HD inventory was consistent with a mild clinical risk of both childhood and adult AD/HD symptoms.

In summary, Mr. Nguyen's cognitive performance was normal. His pattern of results did not warrant an acquired cognitive disorder diagnosis. Currently, his report of cognitive symptoms is best explained by his history of mild AD/HD symptoms in the context of his untreated sleep apnea and mild depressive symptoms. Nevertheless, his wife's description of his cognitive symptoms remains potentially concerning, so longitudinal cognitive monitoring would be reasonable.

DIAGNOSTIC IMPRESSIONS
Acquired Cognitive Disorder Ruled Out
Attention-Deficit/Hyperactivity Disorder, Combined Type, Mild Severity
Untreated Sleep Apnea
Adjustment Disorder with Depressed Mood

RECOMMENDATIONS

1. I encouraged him and his wife to keep a detailed log of his concerning cognitive symptoms for longitudinal cognitive monitoring.

2. He should be encouraged to use his PAP device once received and follow up with sleep medicine to ensure adequate sleep apnea management.

3. Ongoing mood monitoring by his physician(s) is recommended.

4. He may benefit from learning behavioral management strategies for AD/HD. This can be accomplished through psychotherapy with a clinical psychologist who specializes in adult AD/HD and/or through workbooks targeting adult AD/HD, such as *Taking Charge of Adult ADHD* by Russell A. Barkley.

5. Lifestyle factors, including optimal sleep, physical activity, mental stimulation, and a healthy diet, are crucial for optimizing cognition, sleep, and mood.

    a. He should be provided with education and resources regarding aspects of good sleep hygiene, such as https://sleepeducation.org/healthy-sleep/healthy-sleep-habits/.

    b. He should be strongly encouraged to engage in an enjoyable exercise regimen, such as daily walking.

    c. His local YMCA or community center may have free classes. For example, The Bayland Community Center has several free offerings: https://cp4.harriscountytx.gov/Community-Centers/Community-Center/bayland-community-center.

    d. Learning a new skill or hobby can be beneficial. Online learning platforms offer free courses and certifications in a variety of subjects and skills (e.g., https://www.coursera.org/).

    e. BrainHQ provides scientifically robust brain training exercises and games (www.brainhq.com).

   f. The Mediterranean diet is associated with better health outcomes, including cognitive health. Practical tips to follow such a diet include:
      - Switching out fats for extra virgin olive oil.
      - Eating more fruits and vegetables.
      - Eating less meat and more fish.
      - Eating beans, nuts, seeds, and olives.
      - Cutting out sugary beverages and processed foods.
      - Eating fruit instead of high sugar desserts.

6. Cognitive strategies can help manage cognitive symptoms. Examples include breaking up tasks into more manageable parts and using checklists to stay on task, and using external aids to provide important reminders as well as organize and maintain necessary information (e.g., use of a calendar, organizer, cell phone reminders, or alarms).

7. Resources for nicotine use reduction/cessation are recommended.

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

Jesse Passler
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Board Certified, American Board of Clinical Neuropsychology