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NEUROPSYCHOLOGICAL EVALUATION

Name: Gilbert Rubio	Handedness: Right
Date of Birth (Age): 12/26/1942 (83)	Marital Status: Widowed
Ethnicity/Race: Hispanic/Latino	Date of Evaluation: 7/9/2026

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 his daughter, as well as review of available medical records. Mr. Gilbert Rubio is an 83-year-old, right-handed, Hispanic/Latino male referred for neuropsychological evaluation by Barbara Robinson, NP, secondary to concern about cognitive decline.

Cognitively, Mr. Rubio presented with concerns about "a little bit" of change in his memory. His daughter reported that while his long-term memory remains intact, his short-term memory is poor. She noted that he asks for the day of the week multiple times each morning and forgets if he just ate. These short-term memory issues became prominent approximately one year ago.

Functionally, Mr. Rubio maintains his own house but stays with his daughter most of the time for safety and monitoring. He requires assistance with several instrumental activities of daily living. His family assumed management of his finances about a year ago after he began missing payments. His sister-in-law helps with organization of medications, and he receives support with administration. He does not cook and currently eats a rigid diet of two eggs and a pancake three times per day. He no longer performs household chores or laundry. Furthermore, he is reluctant to shower, typically doing so only once a week. His driving has declined to about once a week (or less) for short distances to familiar locations (e.g., restaurants less than a mile from his home); he has reportedly been advised to refrain from freeway driving due to a history of getting lost.

Physically, Mr. Rubio reported feeling "weaker" and fatigued, though he denied experiencing pain. He experienced a fall last week when attempting to use a chair for support, which fell from under him; he did not sustain injuries. He endorsed blurry vision and he is being monitored for glaucoma. He has significant hearing loss for which he does not have or want hearing aids. He utilized an amplifying headset during the clinical interview and testing session.

Emotionally, he described his mood as "sleepy." His daughter described him as more withdrawn, noting that he talks less on the phone and has diminished interest in previous activities, such as attending church. She suspects these changes and potential depression are related to the passing of his wife in 2024 and ex-wife in 2025. Suicidal ideation was denied. Behavior suggestive of psychosis or hallucinations was absent.

Regarding health habits, Mr. Rubio sleeps often during the day and experiences frequent waking during the night. He has diminished appetite and lost approximately 10 pounds over the past year, currently weighing 107 pounds. He previously consumed alcohol when younger but no longer drinks. He does not use nicotine or illicit substances.

Medical & Psychiatric History: Medical history is remarkable for hypertension, hyperlipidemia, diabetes, heart disease, kidney disease, cataracts, glaucoma, and hearing loss (uncorrected).

Surgical history is notable for bilateral cataract repair, pacemaker placement, and cardiac stents.

Psychiatric history is unremarkable.

Imaging (CT brain without contrast performed on 5/7/2025) was read to show, "No acute intracranial abnormality."

Family medical history is notable for dementia in his mother (passed at 84) and skin cancer in his father (passed in his 80s). He has a living sister with severe dementia.

Medications: metformin, finasteride, glipizide, and iron.

Psychosocial History: Mr. Rubio was born and raised in Texas. He is bilingual in English and Spanish, with English being his first language. He denied a history of learning difficulties. He completed the ninth grade, earned a GED, and completed two years of college. He served in the Army for three years. He worked as a machinist throughout his career and was unsure when he retired but suspected he was in his 70s.

Mr. Rubio was married three times and is widowed. He has four children, ten grandchildren, and four great-grandchildren.

Behavioral Observations: Mr. Rubio presented to the appointment early, accompanied by his daughter. Mr. Rubio presented as significantly hard of hearing. An amplifying headset device was provided and utilized throughout the interview and testing session to facilitate clear communication. Due to his hearing difficulties and memory concerns, most of the clinical history and background information was gathered from his daughter.

Mr. Rubio was casually dressed and adequately groomed. He ambulated independently and his gait was characterized by short, shuffling steps. Interpersonally, Mr. Rubio was friendly. With the use of the amplifying device, his comprehension was grossly intact. Spontaneous speech was clear and fluent, though sparse and soft-spoken at times. Thought content was logical. There was no behavioral indication of hallucinations or delusional thinking. He was alert; however, his orientation was compromised. While he correctly identified the day of the week and the numerical date, he was disoriented to the month, the year, and the specific location. He exhibited good eye contact. With the accommodation, his hearing and vision (corrected) were adequate for the purposes of testing. Affect was broad and appropriate to the setting. Rapport was established with ease. With regard to test-taking style, Mr. Rubio was easily engaged and exhibited a relaxed

demeanor. He occasionally required repetition and redirection. He was cooperative and 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 memory impairment.

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

Domain	Test Name	Raw Score	Descriptor
Dementia Screener	DRS-2 Total	100	Exceptionally Low
	DRS-2 Attention	33	Average
	DRS-2 Initiation/Perseveration	16	Exceptionally Low
	DRS-2 Construction	6	Average
	DRS-2 Conceptualization	33	Average
	DRS-2 Memory	12	Exceptionally Low
Auditory Attention	WAIS-IV DSF	8	Average
	WAIS-IV DSB	4	Low Average
	WAIS-IV DSS	2	Below Average
Visual Attention & Processing Speed	Trail Making Test-A	93 seconds	Below Average
	RBANS Coding	16	Exceptionally Low
Language	WRAT-5 Word Reading	48	Low Average
	WAIS-IV Vocabulary	11	Below Average
	NAB Naming	16	Exceptionally Low
	Animal Naming	5	Exceptionally Low
Verbal Memory	RBANS List Learning (2-2-2-3)	9	Exceptionally Low
	RBANS List Recall	0	Low Average to Below Average
	RBANS List Recognition	16	Low Average to Below Average
	RBANS Story Memory	2	Exceptionally Low
	RBANS Story Recall	0	Exceptionally Low
Visual Memory	RBANS Figure Recall	0	Exceptionally Low
Visuospatial	WAIS-IV Matrix Reasoning	5	Low Average
	RBANS Line Orientation	16	Within Normal Limits
	RBANS Figure Copy	10	Exceptionally Low

Executive Functioning	Trail Making Test-B	Discontinued at 300 seconds; 2 errors; task incomplete	---
	CLOX-1	13	Within Normal Limits
	FAS	7	Exceptionally Low
Self-Report	GAD-7	0	Within Normal Limits
	GDS	0	Within Normal Limits

Impressions: Performance on the current neuropsychological evaluation is interpreted within the context of premorbid ability, which is estimated to be within the average range based upon his reported academic and vocational achievement.

On a dementia screening measure, Mr. Rubio's overall performance was exceptionally low. Domain-specific performances on this screener revealed average abilities in simple attention, basic construction, and abstract conceptualization. However, his performances on subscales assessing initiation/perseveration and memory fell in the exceptionally low range.

Mr. Rubio also scored within normal limits on single word reading, digit repetition and reversal, nonverbal reasoning, visuospatial judgment, and spontaneous clock drawing.

Conversely, Mr. Rubio's performances across measures of learning and memory fell well below expectation. Acquisition of unstructured verbal information (list learning) was exceptionally low, with nil delayed recall and suboptimal recognition. Story learning and delayed narrative recall were exceptionally low. Furthermore, registration and delayed recall of visual information (geometric figures) were exceptionally low.

Expressive language was significantly impaired, with confrontation naming, phonemic fluency, and semantic fluency all falling in the exceptionally low range. Fund of word knowledge was below average.

Mr. Rubio also scored well below expectation across multiple measures of visual attention and processing speed, and executive functioning. Specifically, he exhibited severe executive dysfunction on a task of complex visual-graphomotor tracking and set-shifting.

From an emotional standpoint, Mr. Rubio denied symptoms of anxiety or depression on formal self-report measures. However, clinical interview data and collateral reports from his daughter indicate an increase in social withdrawal, frequent daytime somnolence, and a decline in previously enjoyed activities following the passing of his ex-wife.

Summary: Mr. Rubio's neurocognitive profile is remarkable for profound cognitive impairments across multiple domains. Most notably, he exhibited significant deficits in learning and memory, characterized by exceptionally low immediate and delayed recall for both verbal and visual information, which was consistent with his exceptionally low memory score on the dementia screener. Furthermore, he demonstrated profound expressive language deficits (confrontation naming and verbal fluency), severe executive dysfunction, significantly reduced processing

speed, and impaired complex visuoconstruction. He retained relative strengths in simple auditory attention, visuospatial judgment, and basic abstract conceptualization.

Functionally, Mr. Rubio has experienced a significant functional decline and has become increasingly dependent on his family over the past year. He requires direct oversight for his finances and medication administration, and he relies entirely on others for meal preparation. He has reportedly been driving much less over the last month.

Considering all available clinical information, including objective test findings and subjective complaints regarding cognitive and functional decline, a diagnosis of moderate dementia is warranted at this time. While the etiology of cognitive decline is difficult to discern based upon test findings alone given the breadth and severity of impairment on objective measures, his clinical presentation is concerning for Alzheimer's disease. However, the relative contribution of vascular factors cannot be excluded given his documented medical history of heart disease, cardiac stents, a pacemaker, and diabetes. Overall, the nature and severity of these cognitive changes raise significant concern for a moderate-stage dementia process, underscoring the importance of driving cessation, close clinical monitoring, and ongoing functional support.

Diagnosis: Dementia, Possibly Due to Alzheimer's Disease, Moderate Severity, With Behavioral Disturbance (Depressed Mood)

Recommendations:

Safety & Supported Living

- *Supportive Living Environment:* Given the nature of Mr. Rubio's memory and executive difficulties, he will benefit most from a supportive, structured environment where a predictable daily routine is established and gently maintained by his caregivers. He should not be expected to live entirely independently or to initiate cognitive strategies on his own; rather, relying on his family to guide his day-to-day activities will greatly enhance his safety and well-being.
- *Driving Safety:* Mr. Rubio's recent experiences with getting lost, combined with his current cognitive test results, raise important concerns regarding his safety on the road. For his protection and peace of mind, complete driving cessation is strongly advised.
- *Financial and Medication Support:* His family is encouraged to continue providing direct oversight and management of his medications and finances. Because of his rapid forgetting, this ongoing support is essential to protect him from accidental medication errors or financial difficulties.
- *Nutritional Support and Household Safety:* Mr. Rubio has experienced a 10-pound weight loss over the past year and currently prefers a highly restricted diet. It will be important for his family to continue providing his meals and to consult with his primary care provider regarding his nutrition. Additionally, to ensure his safety at home, he should be gently supervised or assisted when around potentially dangerous household appliances, such as the stove or oven.
- *Fall Precautions:* Given his reported feelings of weakness and a recent fall, he may benefit from a physical therapy evaluation to address fall prevention, balance, and strengthening.

Medical Management

- *Sensory Optimization:* Since Mr. Rubio demonstrated significant hearing loss (which benefited greatly from an amplifying device during this evaluation) and vision changes, follow-up with audiology for hearing aids and ophthalmology for ongoing glaucoma treatment is encouraged.
- *Vascular Health:* Given his history of heart disease, cardiac stents, a pacemaker, hypertension, and diabetes, continuous management of his vascular risk factors by his medical team is recommended to help support his overall brain health.

Compensatory Memory Strategies

- To reduce the burden on his short-term memory, caregivers are encouraged to utilize a prominent, centralized daily calendar. When communicating, delivering important information in short, simple sentences will be most effective.
- Providing written accompaniment for daily tasks and gently guiding him through his day, rather than assuming he will retain new information, will help reduce frustration and confusion.

Emotional Well-Being & Social Engagement

- *Activity Resumption:* Mr. Rubio has become increasingly withdrawn and spends much of the day sleeping. Caregivers should gently encourage him to re-engage with highly familiar, previously enjoyed interests, such as his church community, to provide necessary cognitive stimulation and social interaction.
- *Emotional Support:* It is completely understandable that Mr. Rubio has experienced a shift in mood following the passing of his wife and ex-wife. Supportive counseling or increased family engagement can provide a comforting space to process his feelings and reduce social isolation.

Future Planning & Caregiver Support

- *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.
- *Caregiver Resources:* Caring for a loved one navigating memory changes is demanding. The family is strongly encouraged to connect with the Alzheimer's Association (www.alz.org or 713-314-1313) for education, resources, and caregiver support groups.

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

Aimee Giammittorio, Ph.D.
Licensed Psychologist

Electronically signed: 7/9/2026.