

## Houston Neuropsychology Associates, PLLC

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### NEUROPSYCHOLOGICAL EVALUATION

Name: Ira Young

Date of Birth (Age): 3/20/1951 (75)

Ethnicity/Race: African American/Black

Date of Evaluation: 7/8/2026

Education: 12

Handedness: Right

Occupation: Forklift Operator

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 information was obtained from an interview with the patient and his wife, as well as a review of available medical records. Mr. Ira Young is a 75-year-old, right-handed, African American/Black male referred for neuropsychological evaluation by Barbara Robinson, NP, secondary to concern about cognitive decline. MMSE was 28/30 on 4/30/2026.

Cognitively, Mr. Young denied any changes to his memory. His wife reports that he is forgetting recent conversations and may need information repeated. She also noted that he has trouble following directions when driving and frequently forgets to turn off his turn signal. While the onset of these changes was noted around 12-18 months ago, he has been forgetting to clock in and out at his job for a few years.

Functionally, Mr. Young does household chores, including cleaning, mopping, and washing dishes. His wife does all the cooking and manages the finances, which has always been the case. He continues to work full-time driving a forklift, pulling auto parts, and loading/unloading trucks, which he has been doing for 22 years. Mr. Young denied any changes to his driving, though his wife raised concerns about his ability to follow directions. He takes his own medications, though he sometimes takes them straight out of the bottle rather than using a pill organizer, which has led to dosing issues.

Physically, Mr. Young reported passing out three to four times over the last four years, which he attributes to his blood pressure dropping low from possibly taking too much medication. He has not sustained any major injuries during these syncopal episodes, though his last episode in April 2026 led to an emergency room visit where “bleeding vessels” in his head were initially suspected. He denied any major changes to his movement or balance, but his wife stated he occasionally stumbles. He experiences some mild back pain for which he uses topical creams. He has dry eyes and wears eyeglasses but denied cataracts or glaucoma. While he has not had a recent hearing test, his wife reports hearing loss.

Emotionally, Mr. Young described feeling frustrated and moody, at times. He enjoys working but hopes to retire next June. His wife identified him as a chronic worrier. Suicidal ideation was denied. Behavior suggestive of psychosis or hallucinations was absent.

Regarding health habits, Mr. Young sleeps approximately five hours per night. He occasionally wakes up around 3 AM, but experiences good daytime energy. He has a good appetite and preference for sweets, though this is a longstanding trait. He stopped drinking alcohol a few months ago; he previously consumed a fifth of liquor approximately every four days; however, the duration of alcohol consumption at this level is unclear. He smoked for a few years after high school but quit in 1978. There is no history of illicit substance use.

Medical & Psychiatric History: Medical history is remarkable for hypertension and arthritis (s/p procedure in right hand). Surgical history is otherwise unremarkable.

Psychiatric history is unremarkable.

Imaging (MRI Brain without contrast performed on 4/30/2026) was read to show, “Scattered nonspecific foci of increased susceptibility which may reflect sequela of prior microhemorrhages in the setting of amyloid angiopathy among other etiologies.”

Family medical history is notable for dementia in his mother.

Medications: nifedipine and tamsulosin. Notably, Mr. Young indicated that he may not take the latter medication.

Psychosocial History: Mr. Young was born in Louisiana and has lived in Texas since he was six years old. He is a monolingual English speaker. He is a high school graduate. He reported earning mostly “C+” grades and denied a history of grade retention. He noted that his reading is “pretty good,” but he dislikes reading for leisure and struggles with his handwriting.

Prior to his current employment as a forklift operator, he worked at a car wash, in retail, and ran a machine for Anchor Glass.

Mr. Young has been married for 33 years. Combined, he and his wife have six children from prior marriages, as well as seven grandchildren and seven great-grandchildren.

In his leisure time, he enjoys working out and visiting the casino.

Behavioral Observations: Mr. Young presented to the appointment on time, accompanied by his wife and grandson. He was casually dressed and well-groomed. He ambulated independently. Interpersonally, Mr. Young was friendly and easily engaged. Comprehension was grossly intact. Spontaneous speech was fluent and goal directed. Thought content was logical. There was no behavioral indication of hallucinations or delusional thinking. He was alert and largely oriented to person, place, and time; however, he incorrectly stated the current year as 1926. Vision (with the use of 1.5 strength reading glasses) and hearing were adequate for the purposes of testing. Affect was full, appropriate to the setting, and consistent with his reported mood. Rapport was established with ease. With regard to test-taking style, Mr. Young exhibited a relaxed demeanor. He understood instructions as provided. Notably, he exhibited some difficulty with motor tasks (e.g., writing and fine motor dexterity) with his right hand secondary to history of arthritis and related hand procedure. Overall, he was cooperative and completed all activities asked of him.

Results: Mr. Young scored within expected limits on measures of task engagement/performance validity. Cognitive results are considered valid.

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

<b>Domain</b>	<b>Test Name</b>	<b>Raw Score</b>	<b>Descriptor</b>
Auditory Attention	WAIS-IV DSF	8	Average
	WAIS-IV DSB	8	Average
	WAIS-IV DSS	6	Average
Visual Attention & Processing Speed	WAIS-IV Coding	34	Average
	WAIS-IV Symbol Search	14; 3 errors	Low Average
	Trail Making Test- A	100 seconds	Below Average
	D-KEFS Color-Word Color Naming	34 seconds	Average
	D-KEFS Color-Word Word Reading	26 seconds	Average
Language	WRAT-5 Word Reading	58	Average
	NAB Naming	23	Exceptionally Low
	Animal Naming	14	Average
Verbal Memory	HVLT-R Total (5-3-6)	14	Below Average
HVLT-R	Delayed Recall	2	Exceptionally Low
	% Retained	33%	Exceptionally Low
	Recognition Hits	7	---
	False Positives	0	---
	Recognition discrimination	---	Below Average
WMS-IV	Logical Memory I	32	Average
	Logical Memory II	12	Average
	Retention	---	Low Average
	Recognition	17	Within Normal Limits
Visual Memory	Visual Reproduction I	17	Below Average
WMS-IV	Visual Reproduction II	12	Average
	Retention	---	High Average
	Recognition	1	Below Average
Visuospatial	WAIS-IV Matrix Reasoning	7	Average
	Benton JLO	13	Low Average
	RCFT Copy	18; methodical approach but prominent imprecision	Exceptionally Low

Executive Functioning	FAS	18	Low Average
	Trail Making Test- B	165 seconds	Average
	D-KEFS Color-Word Inhibition Time	58 seconds	High Average
	D-KEFS Color-Word Inhibition Errors	5	Average
	D-KEFS Color-Word Inhibition/Switching Time	139 seconds	Exceptionally Low
	D-KEFS Color-Word Inhibition/Switching Errors	8	Below Average
	WAIS-IV Similarities	18	Average
	M-WCST Categories Completed	2	Below Average
	M-WCST Perseverative Errors	15	Below Average
	CLOX-1	9	Low Average
Motor	Grooved Pegboard- DH	197 seconds	Exceptionally Low
	Grooved Pegboard- NDH	151 seconds	Average
Self-Report	BDI-II	14	Mild symptoms of depression
	GAD-7	6	Mild symptoms of anxiety

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 reported academic and vocational achievement, as well as performance indicators.

Mr. Young scored within expected limits across measures of single word reading, verbal concept formation, and verbal fluency. However, confrontation naming was exceptionally low.

He also performed within expectation on auditory attention/digit manipulation and multiple measures of visual attention and processing speed. Nonverbal reasoning and visuospatial perception were also broadly within expectation.

Story learning and memory were also within normal limits. In contrast, acquisition of unstructured verbal information (word list) was below average, with exceptionally low delayed recall and below average recognition. Visual memory was similarly impaired, characterized by below average immediate recall and recognition, though with high average retention of previously learned information.

Mr. Young showed variability across measures of executive functioning. Speeded alphanumerical sequencing was average. While his basic response inhibition speed was high average, his performance profoundly deteriorated to the exceptionally low range for speed and below average for accuracy when an additional cognitive switching demand was introduced. His ability to establish and shift cognitive set during a novel card sorting task was below average. Visuospatial construction of a complex figure was exceptionally low despite a methodical approach to figure copy. In contrast, his approach to a spontaneous clock drawing task was characterized by poor planning, but the resulting clock scored within the low average range.

Fine motor speed was slowed in his dominant, right hand, consistent with his reported history of arthritis and related hand procedure (specific details unknown).

From an emotional standpoint, he endorsed mild symptoms of anxiety and depression.

Summary: Mr. Young's neurocognitive profile is remarkable for multiple cognitive strengths, as performances across auditory and visual attention, processing speed, language, and nonverbal reasoning were broadly within expectation. However, he exhibited prominent variability across measures of learning and memory, characterized by reduced learning and retention of unstructured verbal information. Additionally, he showed notably reduced performances on confrontation naming, visuospatial construction, complex set-shifting, and problem-solving.

Functionally, while Mr. Young maintains his independence with basic self-care and continues to work full-time as a forklift operator, his wife has noted functional decline over the last 12-18 months. He reportedly forgets recent conversations, has trouble navigating (even when provided with directions), and frequently forgets to clock in and out of his job. His wife has always managed the household finances and meal preparation.

Considering all available clinical information, including objective test findings and subjective complaints regarding cognitive and functional decline, a diagnosis of Mild Cognitive Impairment, Amnesic, Multiple Domain Type is warranted at this time. The etiology of these cognitive changes is likely multifactorial. The variability noted on testing raises concern about vascular etiology, especially given his documented history of hypertension, syncopal episodes with blood pressure changes, and recent neuroimaging findings. Furthermore, his endorsed symptoms of depression and anxiety may be compounding his cognitive inefficiency. Overall, the nature and severity of these cognitive changes raise significant concern for an evolving neurocognitive disease process, underscoring the importance of close clinical monitoring and ongoing functional support.

Diagnosis: Mild Cognitive Impairment, Amnesic, Multiple Domain Type  
Major Depressive Disorder, Single Episode, Mild Severity, with Anxiety

## Recommendations:

- *Vascular Health:* Given Mr. Young's history of hypertension, syncopal episodes, and recent neuroimaging revealing scattered nonspecific foci of increased susceptibility (possible microhemorrhages), aggressive management of his vascular risk factors is strongly recommended. He should continue close follow-up with his primary care physician and his referring neurology provider to help slow any potential vascular contributions to his cognitive decline.
- *Medication Oversight:* Mr. Young acknowledged occasionally taking his medications straight out of the bottle rather than using an organizer, which has led to dosing issues and potential drops in blood pressure. It is highly recommended that he utilize a weekly pill organizer to manage his medication dosage safely and accurately. His wife should provide direct, daily oversight and verification of his medication adherence to prevent future syncopal episodes.
- *Driving Precautions:* Mr. Young's wife reported that he occasionally has trouble following directions while navigating and frequently forgets to turn off his turn signal. Given these reported difficulties and his objective impairments in complex visuospatial construction and executive set-shifting, he should exercise caution when driving. A formal, behind-the-wheel driving evaluation may be warranted to objectively assess his on-road safety; Strowmatt Rehabilitation Services (713-722-0667) is a recommended resource for this assessment.
- *Occupational Safety:* Mr. Young continues to work full-time operating a forklift and pulling auto parts. While he reports that he is currently performing well and that his superiors have not raised any concerns regarding his job performance, his occupational safety and efficiency should continue to be monitored closely. Given his evolving cognitive changes, his family is encouraged to remain observant for any future difficulties he may experience in safely managing his work responsibilities.
- *Financial and Household Oversight:* His wife currently manages the finances and all cooking. Given his executive and memory vulnerabilities, she should continue this protective oversight to prevent potential errors or safety hazards.
- *Compensatory Memory Strategies:* To reduce the burden on his short-term memory, Mr. Young should heavily utilize external organizational strategies. The family is encouraged to implement a prominent, centralized daily calendar (e.g., a large whiteboard in the kitchen) to track important appointments and family events. Establishing a highly structured, predictable daily routine will help minimize the executive demand of planning his day and reduce the likelihood of forgetting tasks.
- *Emotional Well-Being & Social Engagement:* Mr. Young endorsed mild symptoms of depression and anxiety, and he reported feeling frustrated and moody. Supportive counseling is recommended to help him process his feelings of stress, chronic worry, and the emotional impact of his evolving cognitive changes. Pharmacological management of mood symptoms may also be considered.

- *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: 7/9/2026.