

Houston Neuropsychology Associates, PLLC

Phone: 713-893-7105 • Fax: 713-893-7145 • Email: office@houston-npa.com • Web: houston-npa.com

NEUROPSYCHOLOGICAL EVALUATION

NAME: Daniel Long

REFERRAL SOURCE: LaKenya Wallace, FNP-C

DATE OF BIRTH: 01/16/1944 (82)

DATE OF EXAM: 09/28/2026

REASON FOR REFERRAL

LaKenya Wallace, FNP-C, referred Mr. Long for a neuropsychological evaluation due to suspected cognitive decline. The present test results will elucidate his current level of functioning to inform diagnostic decision-making and treatment planning.

Identifying Information: The following information was obtained from a clinical interview with Mr. Long and his significant other, along with a review of his available medical records. Mr. Long is an 82-year-old, right-handed, divorced Caucasian male with 16 years of formal education.

Presenting Problem: Mr. Long reported that he was referred for testing due to concerns about cognitive decline over the past two years. Specifically, he noted memory loss (e.g., forgetting names and appointments, misplacing items, and asking others to repeat information), inattention, word retrieval problems, and reduced processing speed. His significant other generally concurred with his subjective report, but indicated that his symptoms began three years ago. She added that he tends to live in his childhood memories.

Functionally, Mr. Long's partner manages all cooking and financial matters, which is a longstanding arrangement. While Mr. Long still drives, both he and his partner noted that he experiences increased navigational issues and becomes lost or turned around more frequently than before. His significant other also noted that he benefits from reminders to take his medications.

From an emotional standpoint, he denied symptoms of depression, anxiety, suicidal ideation, or psychosis. Mr. Long reported that his sleep onset is adequate, but his sleep maintenance is poor due to nocturia. Consequently, his energy level is reduced. His weight is currently stable.

MEDICAL HISTORY

Mr. Long's medical history includes atherosclerosis of the abdominal aorta, chronic kidney disease, congestive heart failure, coronary artery disease, hearing loss, hypercholesterolemia, hypercoagulability due to atrial fibrillation, obesity, paroxysmal atrial fibrillation, prediabetes, prostate cancer (treated via radiation therapy), prostate hypertrophy, restrictive lung disease, squamous cell carcinoma (right proximal forearm and right flank), and vitamin D deficiency.

Diagnostic Tests & Imaging: He underwent a head CT on 11/22/2024, which revealed chronic involutional changes without acute intracranial abnormality.

Surgeries & Procedures: Mr. Long's history of surgeries and procedures includes adenoidectomy, colonoscopies (x3), prostatectomy, and tonsillectomy.

Current Medications: His current medications include furosemide, metoprolol tartrate, tamsulosin HCl, Vinia Red Grape Powder, vitamin D₃, Xarelto, and zinc.

Substance Use: Mr. Long reported smoking cigarettes for 30 years, ultimately quitting around 2003. He currently consumes one to two beers in the evening. He denied a history of recreational drug use.

Family History: His mother died at age 97 and had a history of dementia and stroke. His father died at age 87 with no reported medical issues. He had two older brothers and one younger sister, all of whom are deceased. His eldest brother had a history of heart disease, while his sister had a history of breast cancer.

MENTAL HEALTH HISTORY

Mr. Long denied a history of mental health treatment.

EDUCATIONAL HISTORY

Mr. Long completed 16 years of formal education, earning a bachelor's degree in economics. He was reportedly a B-C student. He denied a history of special education services, specific learning disorders, or grade retention.

MILITARY HISTORY

He served in the United States Army from 1966 until 1969 as a special intelligence agent conducting background investigations and security clearances. He was honorably discharged.

OCCUPATIONAL HISTORY

His occupational history included working as a bank examiner (3 years), banker (10 years), and sales professional (15 years). He retired approximately 10 years ago.

SOCIAL HISTORY

Mr. Long was born and raised in Texas, and he is a monolingual English-speaker. He has been married and divorced twice; he has one daughter from his second marriage. He currently resides in Spring, Texas, with his partner of approximately eight years.

BEHAVIORAL OBSERVATIONS

Mr. Long arrived promptly and was accompanied by his significant other. He was appropriately dressed, well-groomed, and ambulated without assistance. His vision (corrected with reading glasses) and hearing (corrected) were adequate for testing purposes. His speech was within normal limits. When asked about his mood, Mr. Long reported feeling "hungry." His affect was consistent with conversational content. Overall, he was pleasant and cooperative, demonstrating good engagement. The results of this evaluation are considered a valid assessment of his current neuropsychological functioning.

TESTS ADMINISTERED

Adult Neuropsychology History Questionnaire
Clinical interview with the patient & his significant other
Mini Mental State Examination (MMSE)
Wide Range Achievement Test – 5th Edition, Word Reading
Wechsler Adult Intelligence Scales – IV, selected subtests
Hopkins Verbal Learning Test – Revised
Wechsler Memory Scale – IV, selected subtests
Neuropsychological Assessment Battery, Naming
Controlled Oral Word Association Test

Animal Fluency Test
Repeatable Battery for the Assessment of Neuropsychological Status, selected subtests
Finger Oscillation Test
Trail Making Test
Delis-Kaplan Executive Function System, selected subtests
Modified Wisconsin Card Sorting Test
Geriatric Depression Scale
Beck Anxiety Inventory

NEUROPSYCHOLOGICAL FUNCTIONING

Mental Status: Mr. Long obtained a score of 28 out of 30 on the MMSE. He was unable to recall one of three words after a delay and follow one step of a three-step command.

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

Attention & Processing Speed: Digit repetition, reversal, and sequencing were average, low average, and average, respectively. Speeded rote color naming and speeded rote word reading were both average. Number and symbol transposition, as well as visual scanning and symbol identification, were average. Speeded visual graphomotor tracking of a numerical sequence was low average.

Learning & Memory: Word list learning was low average, and delayed list recall was average. List recognition memory was low average. Immediate story memory was high average, and delayed story memory was above average. Story recognition memory was within normal limits. Immediate visual memory was high average, and delayed visual memory was average. Visual recognition memory was within normal limits.

Language: Confrontation naming was high average. Expressive vocabulary was low average. Phonemic verbal fluency was also low average, but semantic verbal fluency was exceptionally low.

Visuospatial/Construction: Visual organization of abstract block designs and complex figure construction were average. Visuospatial judgment was low average.

Motor Functioning: Fine motor speed was below average for the dominant hand and exceptionally low for the non-dominant hand.

Executive Functioning: Nonverbal abstraction was high average, and verbal abstraction was average. Response inhibition speed and accuracy were both high average, and set-shifting speed and accuracy were both above average. Establishing novel sets and switching novel sets were average. Speeded visual graphomotor tracking of an alternating number-letter sequence was low average.

Emotional & Behavioral Functioning: Mr. Long reported minimal symptoms of anxiety, and his reported symptoms of depression were within normal limits.

SUMMARY

Mr. Long was referred for this evaluation to assess for objective evidence of cognitive decline. His performance across a comprehensive battery of neuropsychological tests revealed impairments in semantic verbal fluency and bilateral fine motor speed. Scattered low average scores were noted in word list learning and recognition, expressive vocabulary, digit reversal, visuospatial judgment, phonemic verbal fluency, and speeded visual graphomotor tracking (simple and complex sequences). His performance across the remainder of the evaluation was generally within or above normal limits. On brief measures of mood, he reported minimal symptoms of anxiety and depression.

In sum, Mr. Long's objective neuropsychological data do not currently support a diagnosis of mild cognitive impairment or dementia, as his test results were essentially at or above normative expectations. His isolated anomalous scores are likely due to normal intraindividual variation. Nonetheless, longitudinal monitoring may be beneficial to assess for any potential changes over time.

Impression: Cognitive Disorder Ruled Out

Recommendations:

1. **Compensatory Strategies & Organization:** He would benefit from utilizing practical external aids such as calendars, detailed notes, timers, automatic bill payment, and pillboxes. Behaviorally, he is encouraged to complete tasks in an environment that minimizes extraneous distractions, allocate additional time to complete desired tasks, and break down complex activities into small, consecutive steps. Mr. Long would benefit from identifying a central visible location in his home to store all of his daily necessities (e.g., keys, glasses, wallet, cell phone).

2. **Vascular & Sleep Management:** Given his cardiovascular history, continued medical management of his vascular health is essential. Additionally, he would benefit from consulting a urologist or sleep specialist to address his nocturia, as fragmented sleep can exacerbate daytime fatigue and cognitive inefficiency.
3. **Social & Physical Engagement:** Routine activity and social interaction will be essential to maintaining good health and reducing social withdrawal.
4. **Future Monitoring:** Reevaluation in 18-24 months is recommended. The current evaluation will serve as a baseline for comparison.

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: 09/28/2026

Billing note: Technician, Kathryn Sanchez, B.S., performed face-to-face neuropsychological testing for 4 hours (96138 x 1; 96139 x 7). I interviewed the patient via telehealth, reviewed medical records, integrated all information, and composed the report in its entirety, for a total of 4 hours (96132 x 1; 96133 x 3).