

## Houston Neuropsychology Associates, PLLC

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### Neuropsychological Evaluation

**Name:** Michelle Baltazar

**Referral Source:** LaKenya Wallace, FNP-C

**Date of Birth:** 10/7/68

**Date of Evaluation:** 3/17/26

**Reason for Referral:** Ms. Baltazar'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**

NAB Naming Test

Verbal Fluency (FAS)

Semantic Fluency (Animal Naming)

Word Reading (WRAT-5)

##### **Visuospatial/Constructional**

Judgment of Line Orientation

Rey Complex Figure Test (copy)

##### **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**

Trail Making Test

Color-Word Interference Test (D-KEFS)

Modified Wisconsin Card Sorting Test

##### **Motor Functions**

Grip Strength

Grooved Pegboard

##### **Mood/Behavior**

Perceived Deficits Questionnaire

Patient Health Questionnaire – 9

Generalized Anxiety Disorder Questionnaire – 7

Minnesota Multiphasic Personality Inventory – 2 RF

#### Identifying Information:

The following information comes from a clinical interview with Ms. Baltazar and a review of available medical records. Ms. Baltazar is a 57-year-old, right-handed, married Hispanic female with 18 years of education.

**Presenting Problems:** Ms. Baltazar reported having problems with her short-term memory and attention/concentration. She frequently misplaces valuable items, including her keys, gift cards, and cash. Additionally, she described a recent incident where she left her home while eggs were boiling on the stove, though she fortunately remembered before a hazard occurred. She added that she struggles to maintain concentration and tends to leave tasks incomplete. Her daughter added that she quickly forgets information told to her and needs frequent reminders. She often repeats herself without realizing it. She also struggles to follow plots of movies and repeatedly asks questions about them. These problems developed three years ago and have gradually worsened over time.

Ms. Baltazar acknowledged tending to worry, feeling restless, and having trouble relaxing. Her appetite is reduced. She has intentionally lost 25 pounds over the last five months with the assistance of weight loss medication (i.e., Mounjaro). Her sleep and energy level are adequate. She denied suicidal ideation.

She denied any instances of becoming lost or confused on the road, as well as any recent auto accidents. She indicated that she occasionally forgets to take her medications and make bill payments. Her ability to perform activities of daily living is otherwise unchanged from her baseline.

**Medical History:** She has diabetes, hypertension, hyperlipidemia, and asthma.

Surgeries: cholecystectomy, hysterectomy, sleeve gastrectomy, and colonoscopy.

Current medications: Mounjaro, glipizide, benazepril, atorvastatin, sertraline, buspirone, methylphenidate, and albuterol HFA.

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

Family history: Her mother is alive at 86 with diabetes and hypertension. Her father had hypertension and died at 38 from a myocardial infarction. She has three brothers and two sisters. One of her brothers had substance abuse problems and died from cirrhosis of the liver at age 38. The remainder of her siblings are reportedly healthy.

**Mental Health History:** In 2020, Ms. Baltazar saw a psychiatrist, Dr. Lee, who diagnosed her with AD/HD and prescribed methylphenidate. However, she denied experiencing any childhood symptoms of inattention, hyperactivity, or impulsivity. She also initiated pharmacologic treatment for anxiety at that time, with sertraline added to her regimen approximately four months ago. She has never attempted suicide nor had a psychiatric hospitalization.

**Educational History:** Ms. Baltazar completed a bachelor's degree in bilingual education and a master's degree in school counseling at the University of Houston – Clear Lake. She reported earning a B-C average in school. She denied a history of grade retention and specific learning disorder.

**Occupational History:** She previously worked as a Spanish teacher. She currently works as a school counselor for League City Elementary and plans to retire in May 2026.

**Social History:** Ms. Baltazar was born in San Antonio, TX. English is her native language. She began learning Spanish as a second language as a teenager. She has been married for 42 years. She lives with her husband. They have three daughters.

**Behavioral Observations:**

Ms. Baltazar presented as a casually dressed, well-groomed woman. She ambulated independently and wore prescription glasses. Mood was pleasant, though mildly anxious. Affect was broad. Speech was fluent. She was seen on her usual dose of stimulant medication. She was fully oriented to time, place, person, and situation. Ms. Baltazar understood all test instructions adequately. She was cooperative. She performed abnormally on one measure of performance validity but normally on several others. Evaluation results appear to provide a reasonably accurate representation of her current level of neuropsychological functioning.

**Results:**

**Intellectual:** Ms. Baltazar obtained a Full Scale IQ of 89, which falls within the low average range. Across ability domains, Verbal Comprehension (87) was low average and Perceptual Reasoning (94) was average. On specific subtests, oral expression of word meanings was average. Abstract verbal reasoning was low average. Construction of abstract block designs was low average as well. Visual pattern analysis was average.

**Language:** Visual object naming was exceptionally low. In contrast, controlled oral verbal fluency was average to both phonemic and semantic criteria. Oral word reading was average as well.

**Visuospatial/Constructional:** Judgment of angular line relations was low 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, low average in reverse order, and below average in numerical order. In contrast, speed of visuo-perceptual scanning and discrimination was average.

**Learning and Memory:** Immediate recall of unstructured verbal material (12-word list) was exceptionally low for total word recall across three trials (4, 6, and 6 words, respectively). After a 25-minute delay, she was able to recall 2 words from the list, which is exceptionally low in relation to her level of immediate recall (33% savings). Delayed word recognition was below average (11 hits, 3 false positives).

Immediate recall of structured verbal material (stories) was below average. In contrast, delayed (30-minute) recall of the same material was average in relation to her level of immediate recall. Delayed recognition of story elements was low average.

Immediate recall of geometric figures was average. Delayed (30-minute) recall of the same figures was exceptionally low, however. In contrast, delayed figural recognition fell within normal limits.

**Executive Functions:** Speed of visual-graphomotor tracking was below average for a simple (numerical order) sequence and a complex (alternating number-letter) sequence. Nevertheless, she completed both sequences without error. Response inhibition was low average for speed and average for accuracy. Her ability to alternate between response inhibition and release (cognitive flexibility) was low average for speed but exceptionally low for accuracy. In contrast, performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was average for the ability to establish and shift set.

**Motor:** Grip strength was below average in the right hand and low average in the left hand. Fine motor dexterity (placing pegs into holes) was exceptionally low bilaterally, however.

**Mood/Behavior:** Ms. Baltazar's self-report of depressive symptoms fell within normal limits. Her self-report of anxiety symptoms fell within the mild range. On the MMPI-2 RF, she produced a somewhat questionable profile. Individuals with similar validity scale scores have

denied minor faults and shortcomings most people would acknowledge to an atypical extent. They have also presented themselves as unusually well-adjusted. Such findings may suggest some degree of defensiveness, problem underreporting, or reduced insight. With this caveat in mind, all her scores on the substantive scales fell within normal limits.

**Impression:** Mild Cognitive Impairment, Amnestic Multiple Domain Type  
Generalized Anxiety Disorder

Ms. Baltazar's neuropsychological evaluation revealed mild to moderate impairments in object naming, complex design construction, auditory number sequencing, rote verbal learning and memory, immediate recall of story material, delayed recall of figural material, complex sequencing, cognitive flexibility, grip strength (bilaterally), and fine motor dexterity (bilaterally).

In contrast, she demonstrated adequate intellectual functioning, verbal fluency, semantic fluency, word reading, visuospatial judgment, working memory, processing speed, delayed recall of story material, immediate recall of and recognition memory for figural material, response inhibition, and the ability to establish/shift set. She was fully oriented to time, place, person, and situation.

Her self-report of depressive symptoms fell within normal limits. Her self-report of anxiety symptoms fell within the mild range. Results of objective personality testing were somewhat questionable due to denial of minor faults and shortcomings most individuals would acknowledge, as well as an unusually well-adjusted self-presentation. Her scores on the substantive scales were unremarkable.

Ms. Baltazar's history and current test data warrant a diagnosis of MCI (amnestic multiple domain type). Impairments in object naming, verbal memory, visual memory, aspects of executive functioning, grip strength, and fine motor dexterity are the most salient aspects of her profile. She demonstrated limited insight into the presence and extent of her cognitive impairment. Unfortunately, these findings are highly concerning for a possible incipient neurodegenerative process, such as Alzheimer's disease, despite her relatively young age. She does not meet criteria for dementia at this time based on the absence of significant compromise to her daily activities. However, longitudinal monitoring would be prudent. She reported significant anxiety symptoms that warrant ongoing treatment but are not sufficient to explain her cognitive impairment.

**Recommendations:**

1. Ms. Baltazar would likely benefit from ongoing pharmacologic treatment of her anxiety symptoms.
2. The current findings may serve as an impetus for her to ensure that her affairs are in order in case her problems worsen. We would encourage her to have a frank discussion with family members about possible future changes (e.g., changes in living arrangements, creation of a will and advance directive, etc.) in the event of further cognitive decline.
3. Her impairments in visual memory and aspects of executive functioning raise potential concern about her driving safety. We would recommend that she 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).

4. Cognitive stimulation should be encouraged. Social interaction and performing mentally engaging tasks such as puzzles may help preserve cognitive functioning.

5. Regular physical exercise is recommended for its beneficial effects on brain health, mood, and cognitive maintenance, as well as weight control.

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: 3/18/26.