

Houston Neuropsychology Associates, PLLC

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**Neuropsychological Evaluation**

**Name:** Betty Dean

**Referral Source:** Melanie Roberts-Boyd, APRN, FNP

**Date of Birth:** 3/13/1948

**Date of Evaluation:** 3/9/2026

**Reason for Referral:** Melanie Roberts-Boyd, APRN, FNP referred Ms. Dean for neuropsychological evaluation due to suspected cognitive dysfunction. Results will elucidate her current level of functioning to inform diagnostic decision-making and treatment planning.

**Functions Assessed and Instruments Employed:**

**Background**

Clinical Interview

Medical History Questionnaire

**Mental Status**

Mini-Mental State Exam (MMSE)

**Intellectual**

Wechsler Adult Intelligence Scale – IV (WAIS-IV);

Block Design, Similarities, Matrix Reasoning,

Vocabulary)

**Academic**

Wide Range Achievement Test – 5 (Word

Reading)

**Language**

NAB Naming Test

Verbal Fluency (FAS)

Semantic Fluency (Animal Naming)

**Visuospatial/Constructional**

Visual Form Discrimination

MMSE Intersecting Pentagons (copy)

**Attention/Working Memory**

Digit Span (WAIS-IV)

**Processing Speed**

Coding (WAIS-IV)

**Learning and Memory**

Hopkins Verbal Learning Test – R (HVLTR)

Logical Memory (WMS-IV)

Visual Reproduction (WMS-IV)

**Executive Functions**

Color Trails Test (CTT)

Modified Wisconsin Card Sorting Test (MWCST)

Clock Drawing Test

**Motor Functions**

Grip Strength Test

**Mood/Behavior**

Patient Health Questionnaire – 9 (PHQ-9)

Generalized Anxiety Disorder Questionnaire – 7 (GAD-7)

**Identifying Information:**

The following information comes from a clinical interview with Ms. Dean and her daughter, as well as a review of available medical records. She is a 77-year-old, right-handed, widowed, African American female with 12 years of education.

**Presenting Problems:** Ms. Dean voiced no cognitive concerns. In contrast, her daughter reported the gradual onset of progressive cognitive problems within the past year. Specifically, she indicated difficulties with recall of recent events and conversations, word finding, temporal orientation, orientation in new places, and decision making. She also repeats herself. Ms. Dean's daughter began assisting with medication dispensation 2-3 months ago due to a history of errors. Her bills are set to autopay. She had been forgetting water boiling on the stove but now uses an electric pot. Ms. Dean discontinued driving 2-3 years ago due to a fear of driving on overpasses and bridges and a fear of road rage. She is less neat than in the past regarding grooming tasks.

She denied mood symptoms. Her daughter has observed agitation, apathy, and irritability. Ms. Dean voiced her belief that her husband (from whom she was separated for many years) did not actually die 5 years ago and is alive and trying to kill her and has stolen all of her money. She also thinks her daughter has been trying to take her money. At times, Ms. Dean thinks she sees her husband.

Her sleep is marked by early awakening by her dog. Ms. Dean's energy level is decreased. Her appetite is marked by an increased desire for sweets. She has gained 10 pounds.

**Medical History:** Her medical history includes hypertension, hyperlipidemia, pulmonary nodules, left kidney lesion, aortic atherosclerosis, and unsteady gait. Records indicate a history of paraseptal emphysema; however, Ms. Dean denied this. She indicated no history of head trauma with loss of consciousness.

Surgeries/procedures: breast biopsy, hysterectomy, and bilateral cataract surgery.

Current medications/supplements: fluticasone, memantine, melatonin, nifedipine, rosuvastatin, aspirin, cetirizine, vitamin B1, and probiotics.

Substance use: Ms. Dean discontinued consuming alcohol in October 2025. Per her daughter's report, she had been consuming a fifth of Crown Royal whisky (25.4 fluid ounces) every 2 days for an extended period of time. She has smoked 1 pack of cigarettes per day since age 20. Ms. Dean denied a history of recreational drug use.

Family history: Her father passed away in his 70s; his medical history is unknown. Her mother died in her 60s; her medical history included hypertension and asthma. Family history includes memory dysfunction in her brother, for which he is treated pharmacologically.

**Mental Health History:** Ms. Dean has no history of mental health treatment. Records indicate a history of depressive symptoms.

**Educational History:** She is a high school graduate who reported earning B level grades. She indicated no history of identified learning problems.

**Occupational History:** Ms. Dean is retired. She worked in several plants but was unable to describe her job duties. She also worked as a cashier on a casino boat.

**Social History:** She was raised in Lake Charles, Louisiana. Ms. Dean's husband, from whom she was separated for many years, passed away 5 years ago. She has 1 daughter and 1 son. She currently resides with her daughter and her daughter's family in Katy, TX.

**Behavioral Observations:**

Ms. Dean presented as a pleasant, casually dressed, well-groomed woman. Hearing and vision (corrected) appeared adequate for the purposes of the evaluation. Gait and other gross motor behaviors appeared normal. She had some difficulty providing background information during the clinical interview. Level of insight appeared reduced. Conversational speech was fluent.

Mood appeared euthymic and affect was broad. Ms. Dean often forgot task instructions, requiring reminders. She generally worked at a slow pace. She performed normally on embedded performance validity measures. Thus, the present results are believed to provide an accurate representation of Ms. Dean's current level of neuropsychological functioning.

**Results:**

**Mental Status:** On the MMSE, Ms. Dean obtained a score of 18/30. She was not oriented to the season (summer), day of the week (off by 2 days), county, or specific place. She recalled 0 of 3 items after a brief delay. She made errors on tasks involving serial subtraction, backward spelling, phrase repetition, and copy of the intersecting pentagons.

**Intellectual:** On a short form of the WAIS-IV, Ms. Dean obtained a General Ability Index of 67, which falls within the exceptionally low range. Index scores were as follows: Verbal Comprehension – 76 (below average) and Perceptual Reasoning – 63 (exceptionally low). On specific subtests, verbal abstraction was low average. Visual pattern analysis and expressive vocabulary were below average. Construction of abstract block designs was exceptionally low.

**Academic:** Oral word reading was below average.

**Language:** Visual object naming was average. In contrast, controlled oral verbal fluency was below average to both phonemic and semantic criteria.

**Visuospatial/Constructional:** Her ability to match arrays of simple geometric shapes was exceptionally low. Ms. Dean's copy of the MMSE intersecting pentagons was impaired with significant distortion.

**Attention/Working Memory:** Immediate recall of orally presented number sequences was average for forward order, but below average for reverse order and numerical sequencing.

**Processing Speed:** Transcription of symbols according to a key was exceptionally low.

**Learning and Memory:** Immediate recall of unstructured verbal material (12-word list) was exceptionally low for total word recall across three trials (2, 3, and 3 words, respectively). After a 20-minute delay, Ms. Dean did not recall any words from the list (exceptionally low). Delayed word recognition was also exceptionally low (8 hits, 3 false positives).

Immediate recall of structured verbal material (stories) was low average, as was delayed recall. Delayed recognition was low average as well.

Immediate recall of geometric figures was exceptionally low, with perseveration. She did not recall any figural elements upon delayed retesting (exceptionally low). Delayed figural recognition was also exceptionally low.

**Executive Functions:** Speed of visual-graphomotor tracking was exceptionally low for a simple (numerical order) sequence. She was unable to comprehend task demands on a complex (alternating number-color) sequence. A novel card sorting test requiring rule learning and

strategy modification in response to feedback was exceptionally low for the abilities to establish and shift response set. Her clock drawing performance indicated impaired spatial planning and conceptualization.

**Motor Functions:** Grip strength was low average for the dominant (right) hand and below average for the nondominant hand.

**Mood/Behavior:** Ms. Dean endorsed no depressive symptoms on the PHQ-9. Her self-report of anxiety symptoms (GAD-7) was within normal limits.

**Impression:** Dementia of the Alzheimer's Type, Mild Severity, with Behavioral Disturbance

Given expectations based on background variables, impairments were documented in processing speed, acquisition and consolidation of visual material and unstructured verbal information (rote list learning), visual-graphomotor tracking, novel problem solving, conceptualization, visuoconstruction, visuospatial matching, phonemic fluency, and semantic fluency. Relative weaknesses were identified in working memory, visual pattern analysis, oral word reading, expressive vocabulary, memory for structured verbal material (stories), and grip strength for the nondominant hand.

In contrast, Ms. Dean's performance was within normal limits across tasks assessing verbal abstraction, simple attention, confrontation naming, and grip strength for the dominant hand.

Ms. Dean did not endorse significant mood symptoms. However, her daughter has observed agitation, apathy, and irritability. Delusions about her deceased husband and her daughter are problematic, along with possible hallucinations of her husband.

In sum, the present findings reveal impairments in visual memory, aspects of verbal memory, executive functioning, processing speed, and aspects of language and visuospatial skills. A clear decline from her estimated level of premorbid functioning is indicated in these areas, with evidence for both cortical and subcortical dysfunction. These results are accompanied by impaired performance of some instrumental activities of daily living. Ms. Dean's history, presentation, and test findings are consistent with a mild dementia, most likely attributable to an Alzheimer's disease etiology. Cerebrovascular factors may contribute to her cognitive impairments but do not appear to represent the primary etiology.

**Recommendations:**

1. Ms. Dean should continue to refrain from driving given her impairments in processing speed, visual memory, and executive functioning.
2. Pharmacological management of her behavioral symptoms (delusions, possible hallucinations, agitation, and irritability) is recommended, along with regular monitoring of her mood and behavioral functioning over time.

3. Regular assistance with medication dispensation, financial management, and major decision-making tasks is recommended. Supervision for cooking and for the operation of potentially dangerous household appliances should be provided to help ensure her safety. The probably progressive nature of her dementia implies a need to plan in terms of her living situation and future health care needs.

4. Ms. Dean would likely benefit from breaking up tasks requiring sustained attention and focus into smaller components. Using checklists and attempting to complete one activity at a time in a sequential manner will likely enhance her chances of successful task completion. Multi-tasking should be avoided when possible.

5. She should be accompanied by a family member or trusted associate to all medical appointments given her cognitive impairments. Her retention of information should not be assumed. The provision of information in written form may be helpful so that she may refer to it later. She would benefit from assistance with complex decision-making. She may lack the capacity to make rational, informed decisions about her personal affairs due to her cognitive impairments.

6. Ms. Dean and her family may benefit from information and resources available through the Alzheimer's Association ([www.alz.org/texas](http://www.alz.org/texas) or 713-314-1314).

Thank you very much for this kind referral. If I may be of further assistance, please contact me at 713-893-7105.

*Lynne C. Davis*

Lynne C. Davis, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 3/16/2026

*\*\*\*Billing note: Technician (Solanch Giron, BS) 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).*