

Houston Neuropsychology Associates, PLLC

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

Neuropsychological Evaluation

NAME:	Francisco Frausto	GENDER:	Male
DATE OF BIRTH:	07/07/1957 (68)	HANDEDNESS:	Right
DATE OF EXAM:	03/16/2026	ETHNICITY:	Hispanic
EDUCATION:	Zero	MARITAL STATUS:	Married
OCCUPATION:	Retired	REFERRED BY:	Angelica Miller, FNP-C

REASON FOR REFERRAL

Mr. Frausto was referred for evaluation due to suspected cognitive decline. Results will elucidate his current level of cognitive, emotional, and behavioral functioning to inform diagnostic decision-making and treatment planning.

PRESENTING PROBLEMS

Mr. Frausto presented for evaluation with complaints of progressive memory loss. His wife, Maria Frausto, noted a two-year history of cognitive decline that temporally coincides with a fall. Specifically, Mr. Frausto reportedly fell backward and struck his head on a tile floor. Both the patient and his wife denied any associated loss of consciousness or bleeding; however, they noted the development of a localized swelling or hematoma (described as a "ball") on the back of his head that persisted for over a week. No medical attention was sought at the time of the incident.

During the clinical interview, Mr. Frausto admitted to increasing forgetfulness regarding conversations, dates, events, and scheduled appointments. He endorsed difficulty learning and retaining new information, frequent misplacement of personal items (such as money and keys), word-finding difficulties, and struggles with attention and distractibility. His wife corroborated these concerns, characterizing his memory deficits as prominent. She noted that he frequently repeats himself, often presenting previously discussed topics as if they were novel information. Furthermore, she confirmed his ongoing difficulties in retaining recent conversations and his regular tendency to misplace objects.

Functionally, Mr. Frausto remains independent for basic activities of daily living. However, there has been a noticeable decline in his instrumental activities. Regarding driving, he limits himself to short distances and familiar locations, noting a fear of getting lost or disoriented if he drives far away—a change he began noticing over the past one to two years. His wife is also afraid he will get lost, and she currently accompanies him when he drives. She reported that he gets confused while driving and requires frequent redirection. Ms. Frausto manages the household finances and pays the bills; while he can make basic purchases, she noted that he often forgets where he stores his money. His wife also does the cooking, as he has demonstrated safety risks, such as forgetting to turn off the stove when boiling water. He claims independence with his medications, but his wife and daughter have always managed and programmed his medical appointments.

Central Office: 3100 Timmons Lane, Suite 565, Houston, TX 77027
Northwest Office: 11211 Katy Freeway, Suite 505, Houston, TX 77079
Pearland Office: 2950 Cullen Parkway, Suite 111, Pearland, TX 77584

Emotionally, Mr. Frausto endorsed symptoms of anxiety, stating he has always been a nervous person. His wife noted that he is smoking more than before, particularly in the past two years, which she attributes to his anxiety. He reported occasional depressive symptoms but denied chronic depression. His energy levels are adequate, and he reports having a good appetite and normal sleep patterns. He denied any history of hallucinations or delusions.

MEDICAL HISTORY

Conditions: Mr. Frausto's medical history is notable for a Vitamin D deficiency. He also reported experiencing leg cramps and the onset of tremors in his right hand that began approximately two years ago. He noted that the tremors have significantly worsened in the past few months, causing him to spill his coffee. As previously noted, he also sustained a fall with head trauma two years ago.

Surgeries: None

Imaging: A CT of the brain without contrast, performed on November 18, 2025, revealed no acute intracranial abnormalities. There was no evidence of hemorrhage, midline shift, or mass effect. Ventricular volume was normal, and the extra-axial spaces were unremarkable. Of note, there was an incidental finding of a 1.6 x 1.4 cm posterior fossa arachnoid cyst.

Current medications: Naproxen (as needed).

Substance use: Mr. Frausto is a current tobacco user who smokes approximately one pack of cigarettes per day, having started around 16 years ago. He reported consuming one alcoholic beverage daily. He denied any history of recreational drug use.

Family history: There is a family history of Alzheimer's disease in his mother (onset in her 50s).

MENTAL HEALTH HISTORY

Unremarkable.

EDUCATIONAL HISTORY

Mr. Frausto grew up in a rural area in Mexico and has no formal education. He does not know how to read or write, except for his own name. He is, however, familiar with numbers.

OCCUPATIONAL HISTORY

Mr. Frausto is retired. However, he continues to work two to three days a week.

SOCIAL HISTORY

The patient was born and raised in Mexico, immigrating to the United States in 1984 or 1985. He has been married for 52 years and has three daughters and three sons. He and his wife reside in Houston, Texas, and one of their sons currently lives with the couple.

BEHAVIORAL OBSERVATIONS

Mr. Frausto presented as an adequately groomed man. He was alert but demonstrated significant deficits in orientation; specifically, he was unable to recall the current month or year, and he

incorrectly reported his age as 52 (rather than his actual age of 68). His gait was unassisted and unremarkable, though an action tremor in his right hand was observed during the evaluation. Vision and hearing appeared adequate for testing purposes.

While his conversational speech was within normal limits, his cognitive performance was characterized by a slowed processing speed and rapid forgetting. Consequently, he required simplified test instructions and constant reminders throughout the assessment to stay on task. His mood was pleasant, and his affect was appropriate. Overall, Mr. Frausto was fully cooperative and appeared to put forth his best effort throughout the evaluation. Thus, the results from this assessment appear to provide an accurate representation of his current level of neuropsychological functioning.

TESTS ADMINISTERED

Clinical Interview	Dementia Rating Scale – 2 nd (Spanish) (select subtests)
Escala de Inteligencia de Wechsler para Adultos-IV (select subtests)	Clock Drawing Test
NEUROPSI Atencion y Memoria (select subtests)	Symbol Digit Modality Test (written)
Ponton-Satz Boston Naming Test	Geriatric Depression Scale -SF (Spanish)
Color Trail Making Test	Generalized Anxiety Disorder (GAD-7) (Spanish)
Line Orientation (RBANS)	
Finger Tapping Test	

TEST RESULTS

The patient was interviewed in Spanish by a bilingual Neuropsychologist. A bilingual technician administered all objective tests in Spanish. The patient's cultural background (e.g., Spanish first language, born and raised in Mexico, and level of educational attainment) was taken into consideration in interpreting his performance on the neuropsychological evaluation. Whenever possible, measures that have been developed and normed for Spanish-speaking individuals were utilized. If not available, the best available norms were used. With this caveat in mind, the major findings with respect to Mr. Frausto's neurocognitive functioning are summarized below.

Attention/Processing Speed: Immediate recall of an orally presented number sequence in forward and reverse order was within normal limits. Immediate recall of visual sequences presented in forward order was within normal limits, but exceptionally low for reverse order. Visual detection was within expectations. He could not comprehend a serial addition task or an auditory digit perception task. Various tests of processing speed were attempted; however, he was unable to comprehend them.

Language: Semantic fluency was within expectation. Lexical fluency was nil and exceptionally low. Visual object naming was in the below average range.

Visuospatial/Constructional: His performance on a task that assesses basic visuoconstructional abilities was exceptionally low. Visuo-perceptual abilities (i.e., copying a figure) were exceptionally low. On a task of visuoconstructional abilities with blocks, his performance was in the exceptionally low range. He could not comprehend a visuospatial judgment task; thus, it was discontinued. Visuoconstructional abilities were assessed using a clock drawing task. When asked to copy a model of a clock, Mr. Frausto produced a haphazardly drawn circle and numbers

that were difficult to decipher, which is likely attributable to his observed right-hand action tremor. Despite these prominent graphomotor and mechanical difficulties, his basic spatial organization was generally adequate, as he successfully included and accurately placed all 12 numbers within the contour.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was below expectation (2, 3, and 3/12 words after three consecutive trials). After a 20-minute delay, his recall was nil and below expectations. He could not recall any of the target words with the aid of cues; thus, his performance was below expectations. He recognized 12/12 target words on a recognition format and endorsed 11 false-positive errors, which is abnormal.

Immediate recall of structured verbal material (stories) was nil and exceptionally low. Delayed recall of the same material was also nil and exceptionally low.

Immediate recall of a set of faces was exceptionally low. Delayed recall of the same set of faces was nil and exceptionally low.

Delayed recall of a figure drawn earlier was nil and exceptionally low.

Executive Functions: He could not comprehend a task that assessed sequencing skills nor a task that assessed set-shifting abilities; thus, they had to be discontinued. His performance on tasks of initiation, perseveration, and conceptualization was exceptionally low. Executive planning and conceptualization were assessed via a clock drawing task. On the spontaneous command condition, Mr. Frausto was unable to generate a clock, reporting that he did not know what one looked like; this absence of a preexisting mental schema is likely secondary to his lack of formal education. When provided with a visual model to copy, he demonstrated specific conceptual errors; while he maintained the general numerical layout, he reversed the proportional lengths of the hour and minute hands, indicating difficulties with planning and the abstract representation of time.

Motor Abilities: The patient is right hand dominant. Fine motor dexterity was exceptionally low bilaterally.

Emotional/Behavioral Functioning: Mr. Frausto denied significant symptoms of depression or anxiety on two separate self-report inventories of mood.

SUMMARY

Mr. Frausto is a 68-year-old, right-handed Hispanic male with zero years of formal education who was referred for a neuropsychological evaluation by Angelica Miller, FNP-C, due to suspected cognitive decline. The patient and his wife reported a one- to two-year history of progressive memory loss, which temporally coincides with a fall backward that resulted in a prominent hematoma on the back of his head, though without a reported loss of consciousness. Due to his lack of formal education and illiteracy, measures normed for Spanish-speaking individuals with zero years of educational attainment were utilized to ensure the most accurate interpretation of his performance.

Regarding his intact cognitive abilities, Mr. Frausto demonstrated preserved simple attention and working memory for basic auditory and visual information. Specifically, his immediate recall of orally presented number sequences (in both forward and reverse order) and his immediate recall of visual sequences (in forward order) were within normal limits. Visual detection skills also remained within expectations. Furthermore, his semantic fluency (generating words by category) was intact. During a clock drawing task, despite prominent mechanical difficulties, he demonstrated relatively preserved basic spatial organization by successfully including and accurately placing all twelve numbers within the contour.

In contrast to these preserved skills, Mr. Frausto demonstrated profound, multi-domain cognitive deficits. His learning and memory are severely impaired across both verbal and visual modalities; his immediate and delayed recall of word lists, structured stories, faces, and geometric figures were consistently below expectations to exceptionally low, often yielding nil scores. His memory profile is characterized by a high number of false-positive errors on recognition formats, indicating a severe amnesic encoding and retrieval deficit rather than an isolated retrieval inefficiency. Visuospatial and visuoconstructional abilities were exceptionally low, exacerbated by a right-hand action tremor. Furthermore, he exhibited pervasive executive dysfunction. He was unable to comprehend instructions for tasks assessing processing speed, serial addition, sequencing, and set-shifting. Measures of initiation, perseveration, and conceptualization were exceptionally low, and he demonstrated below-average visual object naming and exceptionally low lexical fluency. Bilateral fine motor dexterity was also exceptionally low.

Emotionally, Mr. Frausto denied significant symptoms of depression or anxiety on two separate self-report inventories of mood. While he and his wife noted subjective feelings of anxiety and increased smoking during the clinical interview, his formal symptom endorsement on standardized questionnaires did not reach clinical significance at the time of the evaluation.

Functionally, Mr. Frausto remains independent for basic activities of daily living but requires significant assistance with instrumental activities of daily living (IADLs) due to his cognitive decline. He is no longer able to drive safely over long distances or unfamiliar routes due to disorientation, and his wife must accompany him. His wife manages the household finances, as he frequently forgets where he stores money. He has also demonstrated significant safety risks at home, such as forgetting to turn off the stove while cooking. Furthermore, his family manages and schedules all of his medical appointments.

In summary, Mr. Frausto's cognitive profile is characterized by profound, multi-domain impairment encompassing severe anterograde amnesia (for both verbal and visual information), pervasive executive dysfunction, and significant visuospatial and visuoconstructional deficits. While his lack of formal education impacts his baseline conceptual knowledge (e.g., an inability to spontaneously generate a mental schema of a clock face) and his comprehension of complex task instructions, his severe memory impairment and loss of functional independence represent a clear and significant departure from his prior baseline. This global cognitive decline, coupled with his need for assistance in complex daily tasks (driving, finances, cooking safety), is consistent with Mild Dementia. The primary etiology is most likely Alzheimer's disease, given the prominently severe amnesic profile and the family history of early-onset Alzheimer's in his

mother. Furthermore, while the family noted a temporal relationship between his noticeable cognitive decline and a fall with head trauma, it is highly probable that this traumatic event served to precipitate or accelerate the clinical expression of this underlying neurodegenerative process, rather than acting as the sole or primary cause.

IMPRESSION Mild Dementia – Possibly Due to Alzheimer’s Disease

RECOMMENDATIONS

To ensure accessibility and support patient adherence, a Spanish-language version of these recommendations is provided at the conclusion of this report. This section has been culturally and linguistically adapted into a user-friendly format for Mr. Frausto and his family; as such, the phrasing differs from the technical English recommendations intended for the clinical team.

1. It is recommended that Mr. Frausto follow up with his referring providers to discuss the results of this evaluation. Additionally, the family should discuss the new onset and worsening of his right-hand tremor with his neurologist, as this may require separate intervention.
2. Biomarker Testing: To further clarify the underlying etiology of Mr. Frausto's dementia—specifically to differentiate between Alzheimer's disease pathology and sequelae from his reported head trauma—consultation with his neurologist regarding biomarker testing is recommended. This may include cerebrospinal fluid (CSF) analysis, amyloid/tau PET neuroimaging, or emerging blood-based biomarkers (e.g., p-tau) to definitively confirm or rule out the presence of Alzheimer's disease.
3. Due to his profound deficits in visuospatial construction, executive functioning, memory, and reported disorientation, independent driving poses a significant safety risk. He must cease driving independently and should only travel as a passenger.
4. Consistent with previous family interventions, his wife and children must maintain total oversight of his medical, legal, and financial matters. He should no longer be responsible for managing cash or making independent transactions. Furthermore, the family should establish a Medical Power of Attorney and finalize future financial and care planning as soon as possible.
5. Due to reported safety hazards, such as forgetting to turn off the stove, Mr. Frausto should not be permitted to cook or operate potentially dangerous appliances without direct supervision.
6. His severe memory impairment places him at high risk for medication errors (e.g., forgetting a dose or double-dosing). It is recommended that his wife take full responsibility for dispensing and administering any current or future medications.
7. Mr. Frausto currently continues to work as a painter two to three days a week. Given his cognitive decline, right-hand tremor, and history of a fall, he should strictly avoid tasks that pose a physical danger, such as climbing ladders or operating heavy machinery.

8. Because Mr. Frausto has zero years of formal education and is illiterate, traditional compensatory strategies (like written calendars or checklists) will not be effective. The family should rely on direct verbal reminders, simple auditory alarms, or highly salient visual cues (e.g., setting his medication out only when it is time to take it).

Thank you for this kind referral.

Claudia V. Resendiz

Claudia V. Resendiz, Ph.D., ABPP

Board Certified, American Board of Clinical Neuropsychology

Electronically signed: 03/17/2026

Billing note: Technician, Solanch, performed face-to-face neuropsychological testing for 4 hours (96138 x1;

RECOMENDACIONES PARA EL PACIENTE Y SU FAMILIA

Debido a los cambios de memoria que el Sr. Frausto está experimentando, es necesario que su familia brinde apoyo constante y tome medidas para proteger su seguridad y bienestar.

1. **Citas médicas de seguimiento:** Es muy importante que el Sr. Frausto tenga una cita con los proveedores médicos que lo refirieron para platicar sobre los resultados de esta evaluación. Además, la familia debe mencionar el nuevo temblor en su mano derecha al neurólogo, ya que podría necesitar una revisión y tratamiento adicional.
2. **Pruebas adicionales (Biomarcadores):** Para entender mejor la causa exacta de los problemas de memoria del Sr. Frausto (y saber si se trata de la enfermedad de Alzheimer o de los efectos del golpe en la cabeza que sufrió), le sugerimos hablar con el neurólogo sobre pruebas más específicas. Estas pruebas pueden incluir exámenes de sangre especiales, imágenes del cerebro (como un escáner PET) o pruebas del líquido de la columna, las cuales ayudarán a confirmar el diagnóstico.
3. **Seguridad al manejar:** Debido a las dificultades con la memoria, el cálculo de espacios y la desorientación, manejar solo representa un riesgo muy grande para su seguridad y la de los demás. A partir de ahora, el Sr. Frausto no debe manejar y solo debe viajar como pasajero.
4. **Manejo de finanzas y asuntos legales:** Como su familia ya ha estado haciendo, su esposa e hijos deben mantener el control total de sus asuntos médicos, legales y financieros. El Sr. Frausto ya no debe encargarse de manejar dinero en efectivo ni de hacer pagos o compras por su cuenta. También les recomendamos establecer un Poder Médico (Medical Power of Attorney) y organizar su plan de cuidado futuro lo más pronto posible.
5. **Seguridad en el hogar (Cocina):** Para prevenir accidentes en casa, como el incidente en el que se le olvidó apagar la estufa, el Sr. Frausto no debe cocinar ni usar electrodomésticos peligrosos sin la supervisión directa de un adulto.
6. **Administración de medicinas:** Sus problemas de memoria aumentan el riesgo de cometer errores con las medicinas (como olvidar tomarlas o tomar una dosis doble). Es fundamental que su esposa se encargue por completo de organizar, guardar y darle todas sus medicinas todos los días.
7. **Seguridad en el trabajo:** Sabemos que el Sr. Frausto sigue trabajando como pintor un par de días a la semana. Tomando en cuenta sus cambios de memoria, el temblor en su mano y la caída que tuvo, debe evitar estrictamente cualquier tarea que ponga en riesgo su integridad física, como subirse a escaleras o usar maquinaria pesada.
8. **Estrategias para el día a día:** Ya que el Sr. Frausto no lee ni escribe, las estrategias tradicionales como las agendas o listas escritas no le serán útiles. La familia debe apoyarlo utilizando recordatorios directos de voz, alarmas de sonido simples o pistas visuales muy claras (por ejemplo, poner las pastillas a la vista *solamente* cuando sea la hora exacta de tomarlas).