

Houston Neuropsychology Associates, PLLC

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NEUROPSYCHOLOGICAL EVALUATION

NAME: Martin Gambling

REFERRAL SOURCE: Angelica Miller, FNP-C

DATE OF BIRTH: 06/20/1943 (82)

DATE OF EXAM: 03/16/2026

REASON FOR REFERRAL

Ms. Miller referred Mr. Gambling 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. Gambling and a review of available medical records. Mr. Gambling is an 82-year-old, right-handed, married Caucasian male with 16 years of formal education.

Presenting Problem: Mr. Gambling stated that he was referred for this evaluation due to concerns about progressive cognitive decline. He reported experiencing memory loss (e.g., forgetting names, misplacing items, and asking others to repeat information) and word retrieval problems over the past five years. However, he indicated that he performs all basic self-care tasks and instrumental activities of daily living independently.

From an emotional standpoint, Mr. Gambling reported a history of intermittent depression and anxiety. He denied suicidal ideation or symptoms suggestive of psychosis (e.g., hallucinations or delusions). Mr. Gambling indicated that his weight, sleeping habits, and energy level are stable.

MEDICAL HISTORY

Mr. Gambling's medical history is significant for hypertension, unspecified hyperlipidemia, cardiac arrhythmia, lung cancer (treated via surgical intervention and four rounds of chemotherapy), empyema, hypothyroidism, thyroid nodules, gastroesophageal reflux disease, bleeding hemorrhoids, allergic rhinitis, asthma, cataracts, and hearing loss.

Surgeries: bilateral cataract removal, colonoscopies, empyema drainage, hemorrhoidectomy, left upper lung lobectomy, and transurethral resection of the prostate.

Current Medications: albuterol sulfate, amlodipine besylate, Breo Ellipta, ciclopirox olamine cream, CoQ10, Eliquis, Eucerin Advanced Cream, finasteride, flecainide acetate, fluocinolone acetonide oil, levothyroxine, Lotrimin Ultra cream, metoprolol, MiraLAX, mirtazapine, multivitamin, Myrbetriq, Omega-3, pantoprazole, rosuvastatin calcium, venlafaxine HCl, vitamin B₁₂, vitamin D₃, and zinc/magnesium glycinate/vitamin D₃/vitamin B₆.

Substance Use: Mr. Gambling denied a history of alcohol, nicotine, or recreational drug abuse.

Family History: Mr. Gambling reported that his mother died at age 62 from uterine cancer. His father had a history of asthma, allergies, prostate problems, and varicose veins, and he died at age 74 from heart failure. Mr. Gambling is the second of three children. He has an older sister with no known medical conditions and a younger brother with atrial fibrillation, an aortic aneurysm, cancer (bladder and appendix), gout, and severe arthritis.

MENTAL HEALTH HISTORY

Mr. Gambling reported that he sought mental health treatment in 2005, seeing a psychologist for three months and a psychiatrist, who prescribed mirtazapine. He has continued taking mirtazapine since that time and noted that he saw a behavioral psychiatrist a few months ago, who added venlafaxine to his medication regimen.

EDUCATIONAL HISTORY

Mr. Gambling completed 16 years of formal education and earned a bachelor's degree in chemical engineering from Swansea University in Wales, UK. He described himself as an above-average student, graduating fifth in his university class. He denied receiving special education services or being diagnosed with a specific learning disorder.

OCCUPATIONAL HISTORY

Mr. Gambling was employed as a chemical engineer until retiring at age 71.

SOCIAL HISTORY

Mr. Gambling was born and raised in England, lived in Canada for two years, and relocated to the United States in 1990. He is a monolingual English speaker. He has been married to his wife for 49 years, and they have two children. He currently resides in Houston, Texas, with his wife and daughter.

BEHAVIORAL OBSERVATIONS

Mr. Gambling arrived independently but was approximately 30 minutes late due to navigational challenges. He was appropriately dressed, well-groomed, and ambulated without assistance. Vision (corrected) and hearing (corrected) were adequate for testing purposes. His speech was significant for occasional word-finding pauses. His mood was reportedly "pretty good," and his affect was consistent with conversational content. Overall, he was pleasant and cooperative, persevering throughout testing. 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
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
Rey Complex Figure Test, copy
Repeatable Battery for the Assessment of
Neuropsychological Status, Line Orientation
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. Gambling obtained a score of 23 out of 30 on the MMSE. He was unable to identify the city, complete an attentional task, or recall three words after a brief delay.

Attention & Processing Speed: Digit repetition was high average, digit reversal was low average, and digit sequencing was average. Speeded rote word reading was high average, and speeded rote color naming was average. Visual scanning and symbol identification was also average, as was number and symbol transposition. Speeded visual graphomotor tracking for a numerical sequence was below average, however.

Learning & Memory: Word list learning was low average, while delayed recall of the same word list was below average. List recognition memory was low average. Immediate story memory was average, and delayed story

memory was low average. Story recognition memory was low average as well. Immediate and delayed visual memory were average, and visual recognition memory was within normal limits.

Language: Single-word reading was high average, and expressive vocabulary was above average. Phonemic verbal fluency was average, while semantic verbal fluency was low average. Confrontation naming was below average.

Visuospatial/Construction: Visuospatial judgment was low average, while visual organization of abstract block designs was average. In contrast, complex figure construction was exceptionally low.

Motor Functioning: Fine motor speed was average bilaterally.

Executive Functioning: Both verbal and nonverbal abstraction were above average. Speeded visual graphomotor tracking for an alternating number-letter sequence was low average, with no errors noted. Response inhibition was average for speed and high average for accuracy. On a similar task requiring set-shifting, his speed was below average, but his accuracy was above average. Additionally, he completed a measure of novel card sorting that required learning and strategy modification in response to feedback; his ability to establish sets was below average, and his ability to switch sets was exceptionally low.

Emotional & Behavioral Functioning: On brief self-report measures of mood, he endorsed mild symptoms of anxiety and depression.

SUMMARY

Mr. Gambling was referred for this evaluation to assess for objective evidence of cognitive decline. His current neuropsychological profile revealed impairments in complex figure construction, confrontation naming, rote verbal delayed recall, novel card sorting (establishing and switching sets), speeded cognitive flexibility, and speeded visual-graphomotor tracking for numbers. Low average scores were evident in digit reversal, semantic verbal fluency, visuospatial judgment, rote verbal memory (learning and recognition), contextual verbal memory (delayed recall and recognition), and speeded visual-graphomotor tracking for a complex sequence. The remainder of his cognitive performance fell in the average range or higher. On measures of emotional functioning, he reported mild symptoms of anxiety and depression.

Taken cumulatively, Mr. Gambling exhibits cognitive decline relative to both same-aged peers and his estimated premorbid level of functioning. Based on his test results and report of intact functional abilities, a diagnosis of Mild Cognitive Impairment is most appropriate. Given his pattern of performance, an Alzheimer's disease process seems more likely than a cerebrovascular etiology, although the latter cannot be entirely ruled out. Of note, his deficits exceed what would be expected from primary psychological factors. Continued monitoring will be essential to further elucidate the etiology of his deficits and assess for any potential change or decline over time.

Impressions: Mild Cognitive Impairment, Amnesic Type, Multiple Domain
Major Depressive Disorder, Recurrent, Mild, with Anxious Distress

Recommendations:

1. Mr. Gambling may benefit from utilizing compensatory techniques when completing advanced daily tasks. In addition, if his cognitive status continues to decline, he may need greater assistance or supervision in the future. In general, he is encouraged to implement the following accommodations or suggestions to improve his efficiency and reduce frustration.

- a. *Complex Decision-Making*: Mr. Gambling is encouraged to verify that documentation, such as a durable power of attorney, medical power of attorney, and an advance care plan, is in order. This will ensure that his wishes are considered in future decision-making processes (e.g., medical, legal, and financial).
 - b. *Financial & Medication Management*: He would likely benefit from utilizing compensatory strategies (e.g., automatic bill payment, detailed notes, pillboxes, and timers/alarms) when completing these tasks.
 - c. *Driving & Operating Machinery/Appliances*: Mr. Gambling may benefit from restricting his driving to familiar places, preferably close to home. If he wishes to drive to new or unfamiliar destinations, it is recommended that he travel with another licensed driver. He is also encouraged to keep a mobile phone with him as a precaution in case he becomes lost or needs assistance. If he is opposed to these recommendations, a formal driving evaluation may be warranted. Such services may be obtained from Strowmatt Rehabilitation Services (713-722-0667). Mr. Gambling would also benefit from utilizing compensatory techniques when operating potentially dangerous appliances (e.g., stove, oven, and iron).
 - d. *Misplacement of Items*: Mr. Gambling would benefit from identifying a central, visible location in his home to store all of his daily necessities (e.g., keys, wallet, calendar, and cell phone).
 - e. *Planning/Organization*: Mr. Gambling may benefit from the use of a calendar, organizer, cell phone, alarm, or audio recorder in order to better organize necessary information (e.g., telephone numbers and medical appointments). Additionally, he is advised to break down complex tasks into manageable parts to reduce frustration. He would also benefit from following a daily routine to provide structure.
2. He is encouraged to talk with his prescribing physician about his residual emotional symptoms, as a reevaluation of his current psychotropic medication regimen might be helpful.
 3. He is encouraged to participate in previously enjoyed hobbies, as well as organizations or clubs. Routine activity and social interaction will be essential to maintaining good health and reducing social withdrawal.
 4. He would benefit from repeat neuropsychological testing in 12 months to further monitor his cognitive status.

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: 03/16/2026