

Houston Neuropsychology Associates, PLLC

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Neuropsychological Evaluation

Name: John Hawken

Referral Source: Ezekiel Sachs, MD

Date of Birth: 4/16/1954

Date of Evaluation: 3/11/2026

Reason for Referral: Dr. Sachs referred Mr. Hawken for neuropsychological evaluation due to suspected cognitive dysfunction. Results will elucidate his 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

Complex Ideational Material (BDAE)

Visuospatial/Constructional

Judgment of Line Orientation

Rey Complex Figure Test (copy)

Attention/Working Memory

Digit Span (WAIS-IV)

Processing Speed

Symbol Search (WAIS-IV)

Learning and Memory

Hopkins Verbal Learning Test – Revised (HVLTR)

Logical Memory (WMS-IV)

Visual Reproduction (WMS-IV)

Executive Functions

Trail Making Test (TMT)

Color-Word Interference Test (D-KEFS)

Modified Wisconsin Card Sorting Test (MWCST)

Motor Functions

Grip Strength Test

Mood/Behavior

Perceived Deficits Questionnaire

Patient Health Questionnaire – 9 (PHQ-9)

Generalized Anxiety Disorder Questionnaire – 7 (GAD-7)

Identifying Information:

The following information comes from a clinical interview with Mr. Hawken and his wife, along with a review of available medical records. He is a 71-year-old, right-handed, Caucasian male with 12 years of education.

Presenting Problems: Mr. Hawken’s wife reported the onset of resting and positional tremor (left > right) at least a year ago, which was initially detected by his pulmonologist. Hypophonia and hypomimia were also reported. Per his wife’s report, he was diagnosed with Parkinson’s disease in December 2025. These recent medical records were requested but not received by the time of report generation.

Cognitive changes emerged roughly around the same time as Mr. Hawken’s tremor. Per his wife’s report, they have worsened over time. Specifically, he has problems with recall of recent events and conversations, recall of appointments, recall of item placement, and decision making.

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Per his wife's report, he has fluctuations in his level of cognitive clarity. His wife has managed his medications since his heart transplant (2011). Mr. Hawken's wife is responsible for financial management tasks, representing no change. He and his wife cook together. Per his wife's report, he has trouble when parking his car, such that he sometimes hits the curb. He has difficulty navigating to new places. He had an at-fault accident when he drove in the wrong lane when making a left turn. Mr. Hawken's wife always accompanies him when he drives.

He denied mood symptoms. His wife has noticed that he talks less than in the past. She also has observed mild apathy. Hallucinations and delusions are reportedly absent.

Mr. Hawken has acted out his dreams since 2019. This happens several times per week. Sleep maintenance is problematic. Per his wife's report, his energy seems to have improved since he began taking Sinemet. Mr. Hawken's appetite is decreased. He has lost 15 pounds over the past year.

Medical History: His additional medical history includes heart disease, uncorrected hearing loss, bilateral cataracts, pneumothorax, and congestive heart failure. Mr. Hawken denied a history of head trauma with loss of consciousness.

Surgeries: heart transplant (2011), bilateral cataract surgery, cholecystectomy, hernia repair, foot surgery, and placement of a cardioverter-defibrillator.

Current medications/supplements: Sinemet, tacrolimus, sirolimus, pravastatin, bisoprolol, magnesium, calcium, vitamin D, and multivitamins.

Substance use: Mr. Hawken reported no current alcohol consumption, with no history of problematic use. He smoked cigarettes for an 8-year history in the remote past. He denied a history of recreational drug use.

Family history: His father passed away at age 91; his medical history included colon cancer and dementia. His mother died at age 86; she had thyroid disease and Alzheimer's disease. Family history also includes dementia in Mr. Hawken's maternal grandfather.

Mental Health History: Mr. Hawken has no history of identified emotional difficulties or mental health treatment.

Educational History: He is a high school graduate who reported earning A/B level grades, with no history of learning problems.

Occupational History: Mr. Hawken is retired. After working as a nuclear power reactor operator in the US Navy, he worked as a control systems engineer and manager.

Social History: Mr. Hawken was raised in California. He and his 2nd wife married 25 years ago. He has 2 biological children. Mr. Hawken currently resides in Cypress, TX with his wife.

Behavioral Observations:

Mr. Hawken presented as a pleasant, casually dressed, well-groomed gentleman. Hearing and vision (corrected) appeared adequate for the purposes of the evaluation. Gait and other gross motor behaviors appeared normal. Hypomimia was noted. Conversational speech was mildly dysarthric, with minimal spontaneous output. Eye contact was reduced during the testing. Mood appeared euthymic. He performed normally on embedded performance validity measures. Thus, the present results are believed to provide an accurate representation of Mr. Hawken's current level of neuropsychological functioning.

Results:

Mental Status: On the MMSE, Mr. Hawken obtained a score of 27/30. He was not oriented to the specific place. He recalled 1 of 3 items after a brief delay.

Intellectual: On a short form of the WAIS-IV, Mr. Hawken obtained a General Ability Index of 88, which falls within the low average range. Index scores were as follows: Verbal Comprehension – 87 (low average) and Perceptual Reasoning – 92 (average). On specific subtests, expressive vocabulary, visual pattern analysis, and construction of abstract block designs were average. Verbal abstraction was low average.

Academic: Oral word reading was average.

Language: Visual object naming was error-free (high average). Comprehension of questions and short stories was also error-free (high average). In contrast, controlled oral verbal fluency was low average to phonemic criteria and below average to semantic criteria.

Visuospatial/Constructional: Judgment of angular line relations was high average. Mr. Hawken's copy of a complex geometric design was within normal limits.

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

Processing Speed: Speed of visuoperceptual scanning and discrimination was low average.

Learning and Memory: Immediate recall of unstructured verbal material (12-word list) was below average for total word recall across three trials (3, 5, and 6 words, respectively). After a 20-minute delay, Mr. Hawken recalled 6 words from the list, which was low average for absolute level of recall and average when indexed against immediate recall performance. Delayed word recognition was average (12 hits, 1 false positive).

Immediate recall of structured verbal material (stories) was low average. Delayed recall was average for absolute level of recall and above average when indexed against immediate recall performance. Delayed recognition was within normal limits.

Immediate recall of geometric figures was average. Delayed recall was low average for absolute level of recall and average when indexed against immediate recall performance. Delayed figural recognition was low average.

Executive Functions: Speed of visual-graphomotor tracking was low average for both simple (numerical order) and complex (alternating number-letter) sequences. Two errors were noted on the complex sequencing task. Speed of rote color naming and word reading was average and high average, respectively. Response inhibition was average for both speed and accuracy. Mr. Hawken's ability to alternate between response inhibition and release (cognitive flexibility) was also average for both speed and accuracy. Performance on a novel card sorting test requiring rule learning and strategy modification in response to feedback was average for the abilities to establish and shift response set.

Motor Functions: Grip strength was average bilaterally.

Mood/Behavior: Mr. Hawken's self-report of depressive symptoms (PHQ-9) was within the mild range, with predominant endorsement of vegetative symptoms. He endorsed no anxiety symptoms on the GAD-7.

Impression: Mild Cognitive Dysfunction Due to Parkinson's Disease

Mr. Hawken demonstrated impairments in acquisition of unstructured verbal material (rote list learning), verbal abstraction, and semantic fluency. Relative weaknesses were documented in processing speed and complex visual-graphomotor tracking.

His performance was within normal limits across tasks assessing auditory comprehension, expressive vocabulary, oral word reading, confrontation naming, phonemic fluency, visuospatial/constructional skills, attention and working memory, memory for visual material and structured verbal information (stories), response inhibition, cognitive flexibility, novel problem solving, and bilateral grip strength.

Mr. Hawken did not endorse significant mood symptoms. His wife has observed mild apathy.

In sum, the current findings indicate mild impairments in aspects of verbal memory, aspects of executive functioning, and semantic fluency. These results suggest predominant mild frontal-subcortical dysfunction, consistent with Mr. Hawken's reported diagnosis of Parkinson's disease. He does not meet criteria for dementia at present but is at increased risk of developing it. His wife noted cognitive fluctuations and REM sleep behavior disorder; Lewy body dementia could represent a secondary etiological possibility, although Mr. Hawken's test profile and presentation appear more consistent with a Parkinson's disease etiology given the absence of disproportionate impairments in visuospatial skills and attention, as well as no obvious visual hallucinations.

Recommendations:

1. Mr. Hawken had an at-fault car accident recently and has difficulty parking his car. This history, along with his relative weakness in processing speed, raises some concern about his driving safety. He should use caution in driving and should limit it to short distances and familiar locations under favorable conditions. Additionally, Mr. Hawken should keep a mobile phone with him as a precaution in the event that he becomes lost or needs assistance. Further details may be obtained through a formal driving evaluation, which could be obtained at Strowmatt Rehabilitation Services (713-722-0667 or www.driverrehabservices.com).
2. Mr. Hawken's nutrition and weight should be monitored regularly over time. His appetite is decreased, and he has lost 15 pounds over the past year.
3. Continued assistance with medication dispensation is recommended as a precaution.
4. He should use compensatory strategies to manage his cognitive difficulties, including written notes/lists, calendars, and smartphone apps. He may benefit from using strategies when learning new information. The book Your Memory: How it Works and How to Improve it by Dr. Kenneth Higbee is a recommended resource for helping increase his knowledge of mnemonic strategies.
5. Participation in regular physical exercise is recommended, as tolerated, given its beneficial effects on both physical and mental health.
6. Mr. Hawken and his family may benefit from information and resources available through the Parkinson's Foundation (www.parkinson.org).
7. Neuropsychological re-evaluation is recommended in the event of a change in Mr. Hawken's cognitive functioning.

Dr. Sachs, 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).*