

## Houston Neuropsychology Associates, PLLC

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### NEUROPSYCHOLOGICAL EVALUATION

Name: Charlotte Pigford  
Date of Birth (Age): 10/25/1948 (77)  
Ethnicity/Race: Caucasian/White  
Date of Evaluation: 3/18/2026

Education: 14  
Handedness: Right  
Occupation: Retired  
Marital Status: Married

*This evaluation was conducted for clinical treatment planning and may not be valid for other purposes.*

**History and Presenting Problem:** The following background information was gathered from an interview with the patient and her spouse, as well as a review of available medical records. Ms. Charlotte Pigford is a 77-year-old, right-handed, Caucasian/White female referred for neuropsychological evaluation by Angelica Miller, FNP-C, secondary to concern about cognitive decline. MMSE was 25/30 on 2/10/2026.

Cognitively, Ms. Pigford stated, “I can’t remember anything.” She explained that she finds it difficult to “keep up,” stating that she feels “disconnected” and information “doesn’t stick.” Her husband corroborated her report. He indicated that the patient quickly forgets information and engages in repetitive questioning. She frequently misplaces items such as her cell phone, often asking him to call her phone so she can locate it. She also has notable word finding difficulties and her spouse often fills in the word for her. Mr. Pigford suspects that the patient began showing notable memory issues over the last 8-12 months but suspects that decline began even earlier.

Functionally, Ms. Pigford denied any change in how well she can perform personal care functions or instrumental activities of daily living. She reportedly manages her personal medications, as well as those of her spouse. While her husband denied any concern about her ability to load the pill organizers, he suspects that she is not taking her medications as indicated. She drives but has relied upon GPS to do so and has been missing turns, leading to inefficient routes. She is less engaged in shopping, meal preparation, and household chores. Her husband has always primarily managed the finances.

Physically, she experiences left knee pain that negatively impacts mobility. She has an electric wheelchair and scooter for navigating long distances, such as the distance between her home and her husband’s workshop. She has not suffered any falls. Regarding sensory functions, she wears prescription lenses. Her hearing is adequate.

Emotionally, Ms. Pigford described her mood as happy and upbeat. She and her spouse denied changes to her mood or personality. She denied symptoms of anxiety or depression. Behavior suggestive of psychosis was denied.

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Regarding health habits, Ms. Pigford reported sleeping well until about three days ago when she began three new medications, including one for hypertension. She was unable to recall the names/types of other medications that she had started. She has decreased appetite and has been eating somewhat less, but has gained about 10 lbs. She does not consume alcohol, nicotine, or illicit substances. There is no history of substance abuse.

Medical & Psychiatric History: Medical history is remarkable for hypothyroidism, hypertension, hyperlipidemia, and GERD.

Surgical history is notable for hysterectomy.

While her record notes history of depression, current symptoms or history of depression was denied.

Family medical history is notable for Alzheimer's disease in her mother (passed away at age 72). Her father had a heart attack and passed away in his late 70s. She has no siblings.

Medications: triamterene, ezetimibe, acetaminophen, pantoprazole, omeprazole, levothyroxine, ibuprofen, and amlodipine.

Psychosocial History: Ms. Pigford was born and raised in Texas. She is a monolingual English speaker. She denied history of learning disorder or grade retention. She graduated high school and earned an associate's degree. Vocationally, she worked in human relations and project management. She retired in her 40s or 50s.

Ms. Pigford is married to her spouse of 60 years. They have two children, including one deceased, as well as a granddaughter and great-grandson.

In her leisure time, she enjoys socializing with her family and dogs, as well as watching the news.

Behavioral Observations: Ms. Pigford presented to the appointment on time, accompanied by spouse. She was casually dressed and adequately groomed. She ambulated independently. Gait and motor behavior were unremarkable. Interpersonally, Ms. Pigford was friendly. Comprehension was grossly intact. She was alert and adequately oriented to time and place. She correctly identified her birthdate, but was unable to identify her exact age, stating "70 something, I don't care." She exhibited good eye contact. Spontaneous speech was clear and fluent, but notable for word finding difficulty. Thought content was logical. There was no behavioral indication of hallucinations or delusional thinking. Vision and hearing were adequate for the purposes of testing. Affect was broad and appropriate to setting. Rapport was established with ease. With regard to test-taking style, Ms. Pigford was easily engaged. She understood task instructions as provided and worked at a consistent pace. She was cooperative and completed all activities asked of her.

Results: Ms. Pigford's scores are within expected limits on measures of task engagement/performance validity. Cognitive results are considered valid.

*Performance descriptors follow the American Academy of Clinical Neuropsychology consensus statement on uniform labeling of test scores.*

<b>Domain</b>	<b>Test Name</b>	<b>Raw Score</b>	<b>Descriptor</b>
Auditory Attention	WAIS-IV DSF	9	Average
	WAIS-IV DSB	6	Average
	WAIS-IV DSS	4	Low Average
Visual Attention & Processing Speed	WAIS-IV Coding	21; 1 error	Below Average
	WAIS-IV Symbol Search	5	Exceptionally Low
	Trail Making Test- A	74 seconds	Exceptionally Low
	D-KEFS Color-Word Color Naming	38 seconds	Average
	D-KEFS Color-Word Word Reading	34 seconds	Low Average
	Language	WRAT-5 Word Reading	56
NAB Naming		25	Below Average
Animal Naming		9	Exceptionally Low
Verbal Memory	HVLT-R Total (1-4-4)	9	Exceptionally Low
	HVLT-R Delayed Recall	0	Exceptionally Low
	HVLT-R % Retained	0%	Exceptionally Low
	Recognition Hits	10	---
	False Positives	4	---
	Recognition discrimination	---	Exceptionally Low
	WMS-IV	Logical Memory I	10
Logical Memory II		1	Exceptionally Low
Recognition		15	Within Normal Limits to Low Average
Visual Memory			
	WMS-IV Visual Reproduction I	13	Exceptionally Low
	WMS-IV Visual Reproduction II	3	Below Average
	Recognition	2	Within Normal Limits to Low Average
Visuospatial	WAIS-IV Matrix Reasoning	7	Average
	RCFT Copy	Grossly Distorted	---
	CLOX-2	13	Low Average
Executive Functioning	FAS	27	Low Average

	Trail Making Test- B	Discontinued at 277 seconds; 4 errors; task incomplete	---
	D-KEFS Color-Word Inhibition Time	175 seconds	Exceptionally Low
	D-KEFS Color-Word Inhibition Errors	3	Average
	D-KEFS Color-Word Inhibition/Switching	Discontinued at 134 seconds; 6 errors; unable to follow task instructions	---
	WAIS-IV Similarities	18	Average
	M-WCST Categories Completed	2	Exceptionally Low
	M-WCST Perseverative Errors	16	Below Average
	CLOX-1	6	Exceptionally Low
Motor	Grooved Pegboard- DH	Discontinued at 180 seconds; task incomplete	---
	Grooved Pegboard- NDH	Discontinued at 236 seconds; task incomplete	----
Self-Report	PHQ-9	3	Within Normal Limits
	GAD-7	0	Within Normal Limits

**Impressions:** Performance on the current neuropsychological evaluation is interpreted within the context of premorbid ability, which is estimated to be within the average range based upon reported academic/vocational achievement and performance indicators.

Ms. Pigford's scores are within normal limits on single word reading, verbal concept formation, auditory attention/digit manipulation, visuospatial reasoning/pattern completion, phonemic fluency, and clock copy.

Her performances are variable across measures of visual attention and processing speed. Scores are within normal limits on speeded color naming and word reading, but speeded numerical sequencing, cancellation, and symbol/digit transposition are below expectation.

Ms. Pigford's performances are also significantly reduced on confrontation naming and semantic fluency. She shows reduced learning and memory for verbal and visual information and exhibits variable benefit from recognition cueing. Multiple performances on tests of executive functioning are reduced, including measures assessing cognitive set-shifting, response inhibition, novel problem-solving, and visuospatial planning and organization.

Bilateral fine motor speed and dexterity is reduced.

From an emotional standpoint, Ms. Pigford denies clinically elevated symptoms of anxiety or depression.

**Summary:** Ms. Pigford's neurocognitive profile is significant for decline from her premorbid baseline and as compared to same-age peers. She shows significant decline across aspects of language (confrontation naming and semantic fluency), verbal and visual learning and memory, and executive functioning. Performances across measures assessing visual attention and processing speed with a graphomotor component are also reduced, as well as bilateral fine motor speed and dexterity.

Functionally, Ms. Pigford's spouse has noticed decline in navigation and expressed concern about her ability to manage her medications. She has also been less engaged in multiple instrumental activities of daily living, such as meal preparation and other household chores.

Considering all available clinical information, including subjective concerns about cognitive and functional decline and objective test findings, a diagnosis of mild dementia is warranted at this time. The insidious onset, prominent amnesic profile, and presenting concerns are most consistent with an etiology of Alzheimer's disease; however, given her medical history, the relative contribution of vascular factors cannot be excluded. Further neurological workup may enhance diagnostic clarity.

**Diagnosis:** Dementia, Possibly Due to Alzheimer's Disease (with suspected contribution from vascular disease), Mild Severity, Without Behavioral Disturbance

### **Recommendations:**

1. **Neurological Follow-up:** Further neurological workup, such as neuroimaging (e.g., MRI), is recommended to clarify the relative contribution of vascular factors to her cognitive presentation.
2. **Medication Review:** A comprehensive medication review with her prescribing provider or pharmacist is strongly recommended. Ms. Pigford reported starting three new medications (including one for hypertension) approximately three days prior to this evaluation, but she was unable to recall the names or purposes of the other new prescriptions. Furthermore, she noted a sudden onset of sleep disruption that coincided with the initiation of these new medications. Her current regimen should be evaluated for potential side effects or drug interactions that could be contributing to her sleep difficulties or exacerbating her cognitive symptoms.
3. **Medication Management:** Given Ms. Pigford's significant memory impairment and her husband's suspicion that she is not taking her medications as indicated, it is strongly recommended that her husband supervise all of her daily medications.

4. **Driving Safety:** Due to her reduced visual attention and processing speed, paired with reports of missing turns and relying heavily on GPS, there are significant concerns regarding driving safety. It is recommended that she undergo a formal driving evaluation through an occupational therapy program or cease driving entirely to ensure her safety and the safety of others. Strowmatt Rehabilitation Services is a recommended resource (713-722-0667).
5. **Increased Supervision:** Ms. Pigford should receive increased supervision with instrumental activities of daily living. Her husband should continue to manage the household finances. She should not be left responsible for tasks that could pose a safety risk, such as cooking unsupervised.
6. **Advance Directives:** If not already completed, the family should formally establish a Power of Attorney (POA) for healthcare and finances while Ms. Pigford retains the ability to participate in these discussions.
7. **Caregiver Support:** Caring for a loved one with progressive cognitive decline can be highly demanding. It is recommended that Mr. Pigford connect with local caregiver support groups or resources through organizations such as the Alzheimer's Association (alz.org) to receive education, support, and guidance for future care planning.

Thank you for the opportunity to participate in this patient's care.

*Aimee Giammittorio, Ph.D.*

Licensed Psychologist

Electronically signed: 3/19/2026.