

# Report of Neuropsychological Examination

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## *Confidential*

Patient Name: Jane Doe Examination Date(s): \*\*\*\*\*  
Gender: Female Education: BA/Humanities  
Age: 44-years, 6-months Date of Birth: \*\*\*\*\*  
Referral: Self Examiner: Sherri A. Sharp, M.S.

The patient is a 44-year-old, left-handed, white female who was referred for neuropsychological consultation with chief complaints of memory loss and confusion. The patient was seen on November 7, 2001 and administered a clinical interview and mental status exam. On December 7, 2001, a neuropsychological evaluation was conducted, consisting of the following: Dear-Woodcock Sensory and Motor Assessment Battery, Woodcock-Johnson Tests of Cognitive Ability and Achievement, and the Minnesota Multiphasic Personality Inventory - 2 (MMPI-2).

### **EMOTIONAL STATUS**

The patient was alert and oriented times three. Her mood was generally controlled and remained stable. She denied depression, suicidal ideation, manic episodes, dysphoria, and homicidal ideation. The patient admitted panic attacks, anxiety, racing thoughts, and free-floating anxiety. She also reported memory loss and confusion. The patient is presently taking Pamelor and Sythroid.

The MMPI-2 was completed by the patient. The results were not available at the time of this report.

### **INTELLECTUAL FUNCTIONING**

General intellectual functioning is a measure of broad cognitive ability. The results indicated the patient's general cognitive ability to be in the high average range (IQ =105).

### **FLUID REASONING**

Fluid reasoning involves the ability to reason, form concepts, and solve problems using unfamiliar information or procedures. The patient's ability to learn and apply new concepts when given feedback was within normal limits.

On a measure of analysis-synthesis, which involves analyzing components of an incomplete logic puzzle and providing the missing components, the patient's performance was within normal limits. The ability to visually match and combine shapes necessary in solving abstract visual-spatial problems was within normal limits.

**MEMORY/LEARNING**

Short term, or immediate, memory (<30 seconds) was within normal limits for unrelated words and within normal limits for simple words, phrases, and sentences presented auditorily. Non-verbal, short-term (<30 seconds) recognition memory was within normal limits.

Long term, or intermediate memory (>30 seconds) involving the recall of visual stimuli which have been associated with unfamiliar auditory stimuli was within normal limits. When new visual symbols (rebus) were associated with orally presented familiar words, the patient's recall of visual symbols was within normal limits.

**PROCESSING SPEED**

Processing speed requires the patient to maintain focused attention on rather automatic cognitive tasks when under pressure. The patient's ability to scan and compare unfamiliar drawings was within normal limits. When required to scan and locate identical numbers in a row, the patient was within normal limits.

**QUANTITATIVE ABILITY**

This function involves the ability to manipulate numeric symbols and to reason procedurally with quantitative information and relationships. The patient's skill in performing mathematical calculation was within normal limits for an individual of similar age and educational background. Further, the patient's skill in analyzing and solving practical mathematical problems was within normal limits.

**MOTOR FUNCTIONS**

The patient's gait and Station were within normal limits. Romberg testing was negative.

Assessment indicated a preferred mixed preference pattern for motor activities. Finger-to-nose assessment showed fine motor coordination to be within normal limits. The hand-thigh test showed coordination with alternation motion to be within normal limits for both hands. Simple manual dexterity, as measured by finger tapping, was within normal limits for both hands. Strength of grip was within normal limits for her left hand and mildly impaired for her right hand. No construction dyspraxia was noted. Performance of simple movement tasks upon command was within normal limits for both hands. Measures of ideomotor movement, with tests of mime movements, indicated no ideomotor dyspraxia.

**ACQUIRED LANGUAGE**

Verbal expression was characterized by no dysarthria. Oral vocabulary, as measured by the knowledge of word meanings presented orally, was within normal limits. No dysnomia was noted. More complex vocabulary, when presented with pictured objects, was within normal limits.

The patient's performance in identifying isolated letters and words was within normal limits. When required to read short passages and demonstrate comprehension, performance was within normal limits. On a test of spelling and punctuation the patient was within normal limits.

**SENSORY FUNCTIONS**

Visual acuity using a near point estimate indicated 20/20 for the left eye and 20/30 for the right. The Visual Confrontation test showed no errors for either visual field. A clinical exam indicated simple auditory sensory perception to be moderately impaired for both ears. Assessment of tactile perception

showed no errors for either hand. The simultaneous examination showed no suppressions on either the left or right. No evidence of finger agnosia was noted for either hand.

#### Tactile Information Processing

Tactile perception of simple and complex stimuli, when presented on the palm of the hands, was within normal limits for both hands. The patient's ability to recognize simple objects using only tactile and kinesthetic cues was within normal limits for both hands.

#### Auditory Information Processing

Auditory closure of incomplete words missing one or more phonemes was within normal limits. The patient's ability to integrate, or blend, sounds into words was within normal limits.

#### Visual Information Processing

Visual discrimination or visual closure, requiring the ability to name pictures of simple objects after they had been altered in one of several ways, was within normal limits.

### **SUMMARY AND IMPRESSIONS**

- 1) The patient is an 44-year-old, left-handed, white female of high average cognitive ability. Academically, she appears to be performing at a level commensurate with her overall cognitive ability, thus no evidence of a learning disability was noted.
- 2) In general, neuropsychological functions were within normal limits. However, she did exhibit moderate impairment in both ears for auditory sensory perception. Strength of grip was mildly impaired for her right hand.
- 3) Emotionally, the patient presents with memory loss and confusion. She admitted experiencing panic attacks, anxiety, racing thoughts, and free-floating anxiety. The results of the MMPI-2 were not available at the time of this report.
- 4) In summary, the patient's examination is consistent with an adult of high average intellectual ability. Her achievement performance was commensurate with her cognitive ability. Although the patient's chief complaint was related to memory difficulties, none were exhibited during the evaluation.

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Sherri A. Sharp, M.S.  
Examiner

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Date