

NEUROLOGICAL CONSULTATION

PATIENT: Sarah Johnson

MRN: 4629751

DOB: 05/18/1978

DATE OF SERVICE: 04/07/2025

Patient Information:

46-year-old female with history of breast cancer (diagnosed 09/2023), status post completion of chemotherapy (Adriamycin/Cytosan followed by weekly Taxol) in 03/2024. Patient completed radiation therapy in 06/2024. Currently on adjuvant hormone therapy (anastrozole 1mg daily). Referred for evaluation of persistent cognitive difficulties following chemotherapy treatment.

Reason for Consultation:

Follow-up evaluation for chemotherapy-related cognitive impairment ("chemo brain"). Initial neurological consultation was on 01/12/2025.

Symptom Severity:

Patient reports moderate improvement in symptoms since implementing cognitive rehabilitation strategies, but continues to experience:

- Mild-to-moderate difficulty with concentration (6/10, improved from 8/10)
- Word-finding difficulties (5/10, improved from 7/10)
- Short-term memory issues, particularly with names and scheduled tasks (6/10, improved from 8/10)
- Mental fatigue after 3-4 hours of cognitive activity (5/10, improved from 7/10)

Current Medications:

Medication	Dosage	Frequency	Purpose
Anastrozole	1 mg	Once daily	Hormone therapy for breast cancer
Vitamin D3	2000 IU	Once daily	Supplement
Omega-3 Fish Oil	1000 mg	Twice daily	Cognitive support
Lion's Mane Extract	500 mg	Once daily	Cognitive support
Melatonin	3 mg	Once daily at bedtime	Sleep aid

Neuropsychological and Cognitive Assessment Results:

Follow-up Montreal Cognitive Assessment (MoCA): Score 25/30 (previous score 23/30)

- Improved performance in attention and delayed recall domains
- Continued difficulties with executive function and verbal fluency

Computerized cognitive testing (CogState):

- Processing speed: Low average range (improved from borderline)
- Working memory: Low average range (improved from borderline)
- Visual learning: Average range (stable)
- Verbal memory: Low average range (improved from borderline)

Clinical Observations:

Patient presents as alert and oriented to person, place, time, and situation. Speech is fluent with occasional word-finding pauses. Affect is appropriate and mood appears stable. Patient reports managing daily activities more effectively with implemented compensatory strategies. Continues to work part-time (24 hours/week) but reports better adaptation to work demands compared to previous visit.

Physical examination reveals:

- Normal cranial nerve function (I-XII)
- No focal motor or sensory deficits
- Normal reflexes and coordination
- No signs of peripheral neuropathy

Recommended Interventions:

1. Continue cognitive rehabilitation exercises 3x weekly, with emphasis on executive function tasks
2. Maintain current supplement regimen, which appears to be providing benefit

3. Weekly cognitive behavioral therapy for stress management to continue
4. Gradual increase in aerobic exercise from current 20 minutes 3x weekly to 30 minutes 4x weekly
5. Consider trial of modafinil 100mg daily for cognitive fatigue if symptoms persist beyond 2 months

Next Steps & Follow-Up Plan:

1. Follow-up appointment in 3 months for reassessment
2. Complete follow-up neuropsychological testing at 6-month mark from initial evaluation
3. Continue weekly cognitive rehabilitation sessions with neuropsychology team
4. Monthly check-in with oncology team to monitor hormone therapy side effects
5. Contact office if symptoms worsen or new symptoms develop

Additional Notes & Recommendations:

Patient is encouraged to continue utilizing smartphone reminder system and structured daily planning. Recommend joining cancer survivor support group that specializes in cognitive issues - provided information for "Thinking Forward" group that meets at Community Cancer Center biweekly.

Sleep hygiene remains critical - patient reports improvement in sleep quality with current routine of consistent sleep schedule, reduced screen time, and melatonin. Continue to emphasize importance of adequate sleep (7-8 hours) for cognitive recovery.

Consulting Specialist Signature:

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