

NORTHWEST NEUROPSYCHOLOGY SERVICES

Clinical Neuropsychological Evaluation
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COMPREHENSIVE NEUROPSYCHOLOGICAL EVALUATION

Supplemental Documentation for DBS Authorization

SUPPLEMENTAL SUBMISSION - NEUROPSYCHOLOGICAL RESULTS

Original Request Date: October 15, 2025
Supplemental Date: October 24, 2025
Patient: Thompson, Gerald Wayne
DOB: 02/14/1952 (Age 73)
MRN: NWN-775293

Evaluation Information

Evaluation Dates: October 22 and 23, 2025 (two sessions)
Evaluator: Jennifer Martinez, PhD, ABPP-CN
Duration: 4.5 hours total
Referral Source: Dr. Susan Park, Movement Disorders Neurology
Reason for Referral

Mr. Thompson is a 73-year-old male with 10-year history of Parkinson's disease being evaluated for unilateral VIM thalamic deep brain stimulation surgery for tremor. Neuropsychological evaluation requested to assess cognitive functioning and determine if patient meets criteria for DBS candidacy, specifically to rule out dementia or cognitive impairment that would contraindicate surgery.

Clinical Interview and Behavioral Observations

Patient presented with his wife for evaluation. He was cooperative but appeared somewhat confused at times during the assessment. Testing was conducted over two sessions due to fatigue. Effort appeared adequate though patient seemed uncertain about some instructions and required frequent repetition.

Patient Self-Report: When asked about cognitive function, patient stated "I'm doing fine, my memory is good." He minimized any cognitive concerns and attributed difficulties to "just getting older." He

reported he is independent in most activities though acknowledged his wife "helps with some things."

Collateral Information (Wife - interviewed separately):

Wife provided extensive information about concerning cognitive changes over past 2-3 years:

- **Memory Problems:** "He forgets conversations we just had. I have to remind him about appointments multiple times. He asks the same questions over and over - sometimes within minutes."
- **Medication Management:** "I manage all his medications now. A year ago he took the wrong pills and got confused about the dosing. I had to take over completely."
- **Financial Management:** "He used to handle our finances but made several errors - paid some bills twice, forgot others. I took over our checking account about 18 months ago."
- **Disorientation:** "He gets confused about dates and days of the week. Last month he thought it was still summer when it was October. Sometimes he's not sure what year it is."
- **Getting Lost:** "He got lost driving to the grocery store he's been going to for 20 years. That was really scary. I don't let him drive alone anymore."
- **Personality Changes:** "He's more irritable than he used to be. Gets frustrated easily. He doesn't seem to notice how much he's changed."
- **Lack of Insight:** "The most concerning thing is he doesn't think anything is wrong. When I try to help him remember something, he gets defensive and insists his memory is fine."

Wife reports these changes have been gradual but progressive over past 2-3 years. She is concerned about his safety and ability to manage independently. She notes, "I'm worried about this brain surgery. I don't think he really understands what's involved."

Tests Administered

Domain	Tests
Screening	Montreal Cognitive Assessment (MOCA) Mini-Mental State Examination (MMSE)
Memory	California Verbal Learning Test-3 WMS-IV Logical Memory Rey Complex Figure (recall)
Attention	WAIS-IV Digit Span Trail Making Test Part A

Executive Function	Trail Making Test Part B Stroop Test Verbal Fluency (FAS, Animals) Clock Drawing Test
Language	Boston Naming Test
Visuospatial	Rey Complex Figure (copy) WAIS-IV Block Design

Test Results

Global Cognitive Screening

Montreal Cognitive Assessment (MOCA): 19/30

Score breakdown:

- Visuospatial/Executive: 2/5 (lost 3 points - could not complete trails or cube)
- Naming: 3/3
- Attention: 3/6 (lost 3 points - serial 7's incomplete, difficulty with digit span)
- Language: 2/3 (lost 1 point - repetition error)
- Abstraction: 0/2 (could not explain similarities)
- **Delayed Recall: 0/5 (COULD NOT recall ANY of the 5 words after delay)**
- Orientation: 4/6 (did not know date or day of week)

MMSE: 22/30 (impaired range)

CRITICAL FINDING: MOCA score of 19/30 is significantly below normal cutoff of 26. This indicates moderate cognitive impairment. The complete inability to recall any words on delayed recall (0/5) is particularly concerning for memory dysfunction.

Memory Function

Test	Performance	Interpretation
CVLT-3 Immediate Recall (Trial 1)	3/16 words	Severely Impaired (< 1st percentile)

CVLT-3 Total Learning (Trials 1-5)	T-score: 26	Severely Impaired (< 1st percentile)
CVLT-3 Short Delay Free Recall	1/16 words	Severely Impaired
CVLT-3 Long Delay Free Recall	0/16 words	Severely Impaired - complete failure
CVLT-3 Recognition	9/16 (many false positives)	Impaired - poor discrimination
WMS-IV Logical Memory I	Scaled score: 3	Severely Impaired (1st percentile)
WMS-IV Logical Memory II	Scaled score: 2	Severely Impaired - recalled almost nothing

Interpretation: Memory function is severely impaired across all measures. Patient demonstrated profound deficits in both immediate and delayed recall of verbal information. On the CVLT-3, he could recall only 3 words on initial exposure and 0 words after a 20-minute delay. Recognition memory was also impaired with multiple false positive errors, suggesting poor encoding and consolidation. Narrative memory (Logical Memory) was similarly severely impaired.

This pattern indicates **severe anterograde amnesia with inability to form new memories** - a hallmark feature of dementia.

Attention and Executive Function

Test	Performance	Interpretation
Digit Span Forward	Scaled score: 6	Low Average/Borderline
Digit Span Backward	Scaled score: 5	Impaired
Trail Making Test A	102 seconds (2 errors, needed redirection)	Impaired for age
Trail Making Test B	Could not complete (discontinued after 5 minutes)	Severely Impaired
Verbal Fluency (FAS)	18 total words	Impaired (< 5th percentile)

Semantic Fluency (Animals)	9 animals	Impaired (< 5th percentile)
Clock Drawing	Scored 3/10	Severely impaired - numbers misplaced, hands incorrect

Interpretation: Attention and executive functions are significantly impaired. Patient could not complete Trail Making Part B, indicating severe deficits in mental flexibility and set-shifting. Verbal fluency was markedly reduced. Clock drawing showed spatial disorganization and conceptual confusion.

Orientation

During testing, patient was:

- Oriented to person and place
- **Disoriented to time - did not know the date, day of week, or month**
- **Uncertain about the year (stated "2024" when it is 2025)**

Functional Assessment



Based on collateral information from wife and clinical interview:

- **Medication Management: DEPENDENT - wife manages all medications**
- **Financial Management: DEPENDENT - wife took over 18 months ago due to errors**
- **Driving: RESTRICTED - no longer drives alone after getting lost**
- **Complex Tasks: IMPAIRED - cannot manage appointments, forgets conversations**
- **Safety Awareness: IMPAIRED - minimizes deficits, lacks insight**

Diagnostic Impressions



PRIMARY DIAGNOSIS:

MAJOR NEUROCOGNITIVE DISORDER (DEMENTIA), MODERATE SEVERITY

Likely Etiology: Parkinson's Disease Dementia

Severity: MODERATE - Patient requires supervision and assistance with multiple instrumental activities of daily living. Significant memory impairment with inability to learn new information. Disoriented to time. Lacks insight into deficits.

Clinical Interpretation



Mr. Thompson demonstrates **significant cognitive impairment meeting full diagnostic criteria for major neurocognitive disorder (dementia) of moderate severity**. The pattern is most consistent with Parkinson's Disease Dementia given the context of 10-year PD history.

Key Features:

- Severe memory impairment - cannot form new memories
- Executive dysfunction - cannot handle complex tasks
- Temporal disorientation
- Functional dependence in multiple domains
- Progressive course over 2-3 years
- Lack of insight/awareness of deficits