1 Patient Information

1 PATIENT DETAILS

Name
Eleanor R. Hutchinson

Date of Service
05/06/2026

DOB
02/14/1955

Provider
Dr. Jonathan A. Ellis, PhD — Neuropsychology

Age / Sex
71 / Female

MRN
NP-2026-0447

Visit Type
Initial Neuropsychological Evaluation (Day 1 of 2)

Referral Source
Dr. Patricia Kim, MD — Neurology (memory clinic)

CC Chief Complaint

2 PRIMARY CONCERN

Mrs. Hutchinson is a 71-year-old retired high school English teacher referred for comprehensive neuropsychological evaluation by her neurologist following a 14-month history of progressive episodic memory impairment and new-onset word-finding difficulties noted by her husband and adult children. She states: 'I repeat myself in conversations and I can't find the words I want — I used to be so articulate.' Her husband adds that she has become increasingly reliant on lists and reminders for tasks she previously managed automatically.

S Subjective

3 PATIENT-REPORTED & COLLATERAL-REPORTED CONCERNS

3a COGNITIVE SYMPTOMS

Mrs. Hutchinson reports significant episodic memory difficulties — she frequently forgets conversations that occurred within the past 24–48 hours, misplaces objects (purse, glasses, keys) daily, and has begun missing scheduled appointments despite using a paper calendar. She reports increasing word-finding difficulty — pauses mid-sentence to retrieve common nouns ('the thing you cook with... the... pan'). She notices she re-reads paragraphs multiple times without retaining content and has abandoned her book club participation. Her husband reports she has twice become briefly disoriented while driving familiar routes in their neighborhood. She denies difficulty with arithmetic, visuospatial navigation on foot, or language comprehension.

3b ONSET & COURSE

Onset estimated approximately 14 months ago based on family report. Initially subtle — husband noticed she was repeating questions and stories within the same conversation. Course has been gradually progressive without acute stepwise changes, fluctuation, or periods of clear improvement. No abrupt neurologic events. No recent hospitalizations or systemic illness preceding cognitive decline. Symptoms are mild-to-moderate in daily functional impact and clearly worse compared to her premorbid cognitive baseline.

3c FUNCTIONAL IMPACT

Mrs. Hutchinson has retired from teaching (retired 2022 at age 68 — planned retirement, not due to cognitive concerns at that time). She manages her own finances with increasing difficulty — her husband now reviews bills and bank statements collaboratively. She continues to drive but her family has concerns about navigation errors on unfamiliar routes. She cooks simple meals independently but has had two incidents of leaving the stove on. She manages her own medication with a weekly pill organizer set up by her daughter. She remains socially engaged but has withdrawn from some activities due to anxiety about word-finding failures in group settings.

3d EMOTIONAL / BEHAVIORAL SYMPTOMS

Mrs. Hutchinson endorses significant anxiety specifically related to cognitive concerns — she worries daily about 'losing her mind.' She denies depressed mood, anhedonia, or hopelessness, though she acknowledges she has been more withdrawn in the past 3–4 months. Her husband confirms she is not depressed in his observation. She denies irritability, apathy, impulsivity, or significant personality changes. She reports mild insomnia — difficulty falling asleep due to cognitive worries (sleep onset 45–60 minutes). No hallucinations, delusions, or behavioral dysregulation reported.

3e RELEVANT NEUROLOGIC / MEDICAL HISTORY

MRI brain with and without contrast (03/2026, per Dr. Kim): Mild generalized cortical atrophy slightly beyond expected for age; mild hippocampal atrophy bilaterally (Scheltens scale 2/4 right, 2/4 left); no infarcts, masses, or significant white matter changes. No history of TBI, stroke, or seizure disorder. Hypertension — controlled on lisinopril 10mg. Hypothyroidism — stable on levothyroxine 75mcg (TSH 2.1 mIU/L — normal). Type 2 DM — well-controlled on metformin (HbA1c 6.8%). Bilateral hearing loss — wears bilateral hearing aids (fitted 2023). No history of CNS infection, sleep disorder, chronic pain, or substance use disorder.

3f EDUCATIONAL / OCCUPATIONAL HISTORY

Mrs. Hutchinson holds a Master's degree in English Literature (University of Michigan, 1980). She taught high school English for 38 years, specializing in Advanced Placement and honors curricula. Highly literate premorbid cognitive baseline estimated. No history of learning disabilities, special education, or academic difficulty. No prior neuropsychological testing. She describes herself as having been 'a voracious reader and precise communicator' throughout her professional career — making current word-finding deficits particularly distressing relative to her premorbid baseline.

3g COLLATERAL INFORMATION

Husband Robert Hutchinson (married 48 years) present for collateral interview. He reports: (1) She has repeated the same story verbatim within the same dinner conversation on multiple occasions over the past 6 months. (2) She called him at work twice in the past 3 months to ask where she had parked at the grocery store — something she never previously struggled with. (3) She forgot their grandson's birthday party (which she had confirmed attending) and only recalled after being reminded with the invitation. (4) He notes she is more anxious and 'second-guesses herself constantly' in a way that is new. He is supportive and engaged. He denies safety incidents beyond the stove incidents.

3h PERTINENT NEGATIVES

Patient explicitly denies: acute or rapid cognitive decline, psychotic symptoms (hallucinations, delusions), suicidal ideation or homicidal ideation, history of alcohol or substance use, focal neurologic symptoms (weakness, sensory loss, gait instability), or bowel/bladder incontinence. No prior psychiatric hospitalization. No family history of early-onset dementia (mother died of stroke at 82; father died of MI at 79; no known dementia in first-degree relatives).

O Objective

4 OBSERVED & MEASURED FINDINGS

4a BEHAVIORAL OBSERVATIONS

Mrs. Hutchinson arrived on time accompanied by her husband (who waited in the reception area during testing per protocol). She was appropriately dressed and groomed. She was cooperative, pleasant, and highly motivated throughout the 4.5-hour testing session. She exhibited moderate frustration when unable to retrieve words or recall list items — notably said 'this is so hard for me and it never used to be' on two occasions. She was redirectable and never refused a task. Speech was fluent with anomic pauses noted intermittently. Hearing aids worn bilaterally; all instructions repeated as needed to ensure comprehension. No gross motor abnormalities observed. Fatigue noted in the final 45 minutes — performance maintained but slightly slower response times. Effort was judged adequate throughout.

4b MENTAL STATUS EXAMINATION

Appearance
Well-groomed, age-appropriate dress, no signs of neglect

Behavior
Cooperative, polite, occasionally tearful when discussing memory difficulties

Speech
Fluent with anomic pauses; normal rate and prosody; no dysarthria

Mood
'Anxious and worried' — patient's own words

Affect
Congruent, mildly anxious, tearful at moments — full range otherwise

Thought Process
Linear and goal-directed; no thought disorder

Thought Content
Preoccupied with cognitive concerns; no delusions or paranoid ideation

Perception
No hallucinations; no perceptual disturbances

Orientation
Oriented to person, date, city — recalled month and year correctly; missed exact day of week

Attention / Concentration
Mildly impaired — WAIS-IV Digit Span Forward: age-scaled score 9 (average); Digit Span Backward: 6 (low average)

Insight
Good — she clearly recognizes and is distressed by her cognitive changes

Judgment
Intact for typical daily decisions; some concerns about driving judgment

Safety
No safety concerns. Denies SI/HI. Stove incidents addressed with family safety plan.

4c NEUROPSYCHOLOGICAL TESTING / MEASURES ADMINISTERED

Day 1 battery (05/06/2026): WAIS-IV (Full Scale IQ, Index Scores), WMS-IV (Logical Memory I & II, Visual Reproduction I & II, Verbal Paired Associates), Rey Auditory Verbal Learning Test (RAVLT), Boston Naming Test — 2nd Edition (BNT-2), Trail Making Test Parts A & B (TMT-A/B), Delis-Kaplan Executive Function System (D-KEFS) — Color-Word Interference, Verbal Fluency (FAS and Animals), Brief Visuospatial Memory Test — Revised (BVMT-R), Beck Anxiety Inventory (BAI), Geriatric Depression Scale — Short Form (GDS-15), Montreal Cognitive Assessment (MoCA — administered by Dr. Kim at referral, score 21/30). Performance Validity: Test of Memory Malingering (TOMM — Trials 1 and 2) and Embedded validity indicators across measures.

4d TEST BEHAVIOR / VALIDITY CONSIDERATIONS

Performance validity testing: TOMM Trial 1: 49/50; Trial 2: 50/50 — above chance and within normal limits; effort judged adequate. Embedded validity indicators within RAVLT and WMS-IV were also within acceptable ranges. Hearing aids worn throughout — all verbal instructions confirmed comprehended. Testing was conducted in English (patient's primary language since birth). Educational/cultural factors: high premorbid intellectual functioning (estimated FSIQ 118–122 pre-decline, based on WRAT-5 word reading). Fatigue in final 45 minutes noted — minor impact on timed tasks only; overall validity of results is good.

R Results / Data Reviewed

5 CLINICALLY RELEVANT FINDINGS

5a COGNITIVE DOMAINS

Global cognition (MoCA 21/30 at referral — impaired): Confirmed on today's testing. WAIS-IV FSIQ: 101 (53rd percentile) — estimated 15–20 point decline from premorbid baseline of 118–122 based on reading-based estimate. Index scores: Verbal Comprehension Index (VCI): 112 (79th %ile — relative strength, preserved); Perceptual Reasoning Index (PRI): 104 (61st %ile — average); Working Memory Index (WMI): 88 (21st %ile — low average, impaired relative to premorbid); Processing Speed Index (PSI): 82 (12th %ile — low average to borderline). Memory (WMS-IV + RAVLT): Severely impaired episodic memory — Logical Memory II (delayed recall): 4th %ile; WMS-IV Visual Reproduction II: 7th %ile; RAVLT Trial 5: 8 words (age-appropriate); RAVLT 30-min delayed recall: 3 words (1st %ile — severely impaired); RAVLT recognition: 12/15 (borderline). Language (BNT-2): 42/60 (16th %ile for age — mildly impaired; consistent with anomia). Executive Function (D-KEFS): Color-Word Interference — Inhibition condition: 27th %ile (low average); FAS verbal fluency: 34 words (16th %ile); Animal fluency: 11 words (5th %ile — impaired). Processing speed (TMT-A): 68 seconds (16th %ile — low average). Complex attention (TMT-B): 204 seconds (4th %ile — impaired). Visuospatial (BVMT-R): Copy: 12/12 (intact); Delayed recall: 4/12 (11th %ile — impaired).

5b EMOTIONAL / BEHAVIORAL MEASURES

Beck Anxiety Inventory (BAI): Total score 21 — Moderate anxiety (clinically significant; primarily cognitive worry items). Geriatric Depression Scale — Short Form (GDS-15): Score 4/15 — within normal range; not indicative of clinical depression. Anxiety is assessed as reactive to cognitive concerns rather than a primary mood disorder.

5c RECORDS REVIEWED

MRI brain with/without contrast (03/2026) — mild generalized atrophy, bilateral hippocampal atrophy (Scheltens 2/4 bilaterally), no infarcts or significant white matter changes. Neurology note from Dr. Kim (04/15/2026) — MoCA 21/30, referred for neuropsychological evaluation. Laboratory results (04/2026): TSH 2.1 (normal), B12 892 pg/mL (normal), folate 18 ng/mL (normal), CBC and CMP within normal limits, RPR non-reactive, HIV negative. No prior neuropsychological testing on file.

A Assessment

6 NEUROPSYCHOLOGICAL FORMULATION

Mrs. Eleanor Hutchinson is a 71-year-old right-handed woman with a high premorbid intellectual baseline (estimated FSIQ 118–122) who presents with a profile of cognitive decline most consistent with amnestic mild cognitive impairment (aMCI) — multi-domain, in the context of findings suspicious for early Alzheimer's disease (AD). The profile is characterized by: (1) Severely disproportionate episodic memory impairment (RAVLT delayed recall 1st %ile, Logical Memory II 4th %ile) — the hallmark feature of AD; (2) Anomic aphasia (BNT-2 16th %ile) consistent with left temporoparietal involvement; (3) Impaired executive functioning and complex attention (TMT-B 4th %ile, animal fluency 5th %ile); (4) Intact visuospatial construction (BVMT-R copy intact) but impaired visuospatial recall; (5) Relative preservation of verbal comprehension (VCI 112) — consistent with early AD sparing of overlearned language systems. The imaging findings of bilateral hippocampal atrophy on MRI are structurally consistent with this profile. Mood (GDS normal) and anxiety (BAI moderate — reactive) do not account for the severity of memory impairment. Performance validity is adequate. Differential diagnoses considered: (a) Alzheimer's disease — most likely; (b) Lewy body dementia — less likely given absence of fluctuation, visual hallucinations, or parkinsonism; (c) Frontotemporal dementia — less likely given relative preservation of social behavior and personality; (d) Vascular cognitive impairment — less likely given absence of white matter changes and stepwise course. Full diagnostic conclusions deferred pending Day 2 testing completion and feedback session.

P Plan

7 RECOMMENDATIONS

7a ADDITIONAL TESTING & FEEDBACK

Day 2 of evaluation scheduled for 05/13/2026 — additional measures: WAIS-IV Coding (processing speed), Rey-Osterrieth Complex Figure (visuospatial/construction memory), Repeatable Battery for the Assessment of Neuropsychological Status (RBANS — alternate form for cross-validation), and Neuropsychiatric Inventory (NPI-Q — caregiver version). Feedback session to be scheduled within 2 weeks of Day 2 completion — patient and husband invited to attend together. Written report to follow within 10 business days.

7b REFERRALS & COGNITIVE STRATEGIES

1. Return to Dr. Kim (neurology) with neuropsychological report for diagnostic integration — consideration of CSF biomarkers (amyloid/tau) or amyloid PET per Alzheimer's diagnostic criteria. 2. Occupational therapy referral for instrumental ADL assessment and home safety evaluation (stove, driving, medication management). 3. Social work referral for caregiver support (husband) and community resource navigation (Alzheimer's Association local chapter, caregiver support groups). 4. Compensatory strategies initiated this session: whiteboard in kitchen for daily reminders, digital voice assistant (Alexa/Google) for appointment reminders, notebook carried at all times for prospective memory support.

7c SAFETY RECOMMENDATIONS

Driving: Formal on-road driving evaluation strongly recommended (referral to occupational therapy driving rehabilitation specialist) given reports of navigation errors — driving safety cannot be cleared on neuropsychological testing alone at this time. Medication management: weekly pill organizer (already in use) — reassess need for automated dispenser at follow-up. Financial oversight: recommend husband continue collaborative review of finances. Stove: family recommended to consider automatic stove shut-off device (InstantShutOff or similar).

7d PATIENT / CAREGIVER EDUCATION

Psychoeducation provided to Mrs. Hutchinson and Mr. Hutchinson (invited to join at session end for 20 minutes): explained that testing shows a pattern of memory and thinking changes that warrants further medical evaluation — specifically biomarker testing to clarify the underlying cause. Emphasized that a definitive diagnosis requires integration with Dr. Kim's clinical findings and may include additional testing. Provided Alzheimer's Association national resource materials (alz.org). Discussed the emotional impact of the evaluation and normalized her anxiety. Both expressed understanding and appreciation.

F Follow-Up

8 NEXT APPOINTMENT & MONITORING PLAN

Next Appointment & Plan

Day 2 of Evaluation: 05/13/2026 at 9:00 AM (same clinic). Feedback session: to be scheduled within 2 weeks of Day 2 completion. Written neuropsychological report to be sent to Dr. Kim, MD within 10 business days of feedback session. Repeat neuropsychological evaluation in 12–18 months to assess rate of cognitive change.

TIME DOCUMENTATION & BILLING

Total Time Spent
4 hours 45 minutes (Day 1)

Scoring / Interpretation Time
45 minutes (in progress — partial Day 1)

Testing Time
3 hours 30 minutes

Report Writing Time
Pending — post Day 2

Feedback / Counseling Time
20 minutes (collateral and patient briefing)

CPT Code(s)
96132 (NP evaluation, first hour) + 96133 x3 (each additional hour) + 96136 (testing, first 30 min) + 96137 x5 (additional 30-min blocks)

Primary ICD-10
G31.84 — Mild cognitive impairment, so stated

Secondary ICD-10
F41.1 — Generalized anxiety disorder; G30.9 — Alzheimer's disease, unspecified (deferred pending full evaluation)

PROVIDER NAME, PHD	SPECIALTY: NEUROPSYCHOLOGY	DATE	TIME
Jonathan A. Ellis, PhD	Board Certified Clinical Neuropsychologist | ABCN	05/06/2026	5:15 PM