

COGNITIVE ASSESSMENT CENTER

Neuropsychological Evaluation Services
321 Brain Science Drive, Anytown, ST 12345
Phone: (555) 123-9876 | Fax: (555) 123-9877

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NOT A REAL MEDICAL RECORD

NEUROPSYCHOLOGICAL EVALUATION REPORT

PATIENT INFORMATION

Name: John A. Doe
(FICTIONAL)
DOB: 01/15/1985
Age: 40 years
Sex: Male
Education: Bachelor's Degree
(Accounting)
Evaluation Date: 11/15/2025

EVALUATION DETAILS

Referring Physician: Dr.
Patricia Painfree, MD
Evaluating Psychologist: Dr.
Michelle Mindful, Ph.D.
Reason for Referral: Cognitive
assessment post-trauma
Testing Duration: 4.5 hours over
2 sessions
Date of Incident: 07/30/2025

REMINDER: FICTITIOUS TESTING DOCUMENT

REFERRAL QUESTION

Mr. Doe was referred for neuropsychological evaluation to assess potential cognitive effects related to his motor vehicle accident and subsequent chronic pain condition. Specific questions include:

- Assessment of attention and concentration difficulties
- Evaluation of memory complaints
- Determination of impact on work-related cognitive functions

- Assessment for pain-related cognitive dysfunction
- Evaluation of mood and psychological factors affecting cognition
- Recommendations for cognitive rehabilitation if indicated

BACKGROUND INFORMATION

Mr. Doe is a 40-year-old right-handed male who sustained multiple injuries in a motor vehicle accident 16+ weeks ago. He reports significant cognitive changes since the accident, which he attributes to chronic pain, sleep disruption, and medication effects. Prior to the accident, he worked as a staff accountant and reported no cognitive or learning difficulties.

Pre-morbid Functioning:

- Completed Bachelor's degree in Accounting (GPA 3.4)
- Employed continuously for 15+ years in accounting positions
- No history of learning disabilities or cognitive problems
- No prior head injuries or neurological conditions
- No substance abuse history

Current Cognitive Complaints:

- Difficulty concentrating on tasks for more than 15-20 minutes
- Frequent forgetfulness, especially for recent events
- Problems with mental arithmetic and numerical processing
- Feeling "foggy" and mentally slowed
- Difficulty multitasking or managing complex information
- Word-finding difficulties in conversation
- Inability to read for extended periods

CURRENT MEDICATIONS AFFECTING COGNITION

Pain Medications:

- Tramadol 50mg q6h PRN (taking 3-4x daily)
- Gabapentin 600mg TID
- Tizanidine 4mg BID

Other Medications:

- Lisinopril 15mg daily

- Omeprazole 20mg daily

Sleep Aids (as needed):

- Melatonin 3mg at bedtime

Note: Gabapentin and tramadol are known to have cognitive side effects including sedation, confusion, and memory impairment.

BEHAVIORAL OBSERVATIONS

Mr. Doe presented as cooperative and put forth good effort throughout testing. He appeared alert but fatigued easily during lengthy tasks.

Notable behaviors included:

- Frequent requests for repetition of instructions
- Self-correcting errors when given additional time
- Complaints of pain causing distraction during testing
- Slow processing speed on timed tasks
- Good insight into his cognitive difficulties
- No indication of malingering or poor effort
- Required frequent breaks due to physical discomfort

TEST RESULTS

Intellectual Functioning:

Test	Standard Score	Percentile	Classification
WAIS-IV Full Scale IQ	108	70th	Average
Verbal Comprehension	115	84th	High Average
Perceptual Reasoning	112	79th	High Average
Working Memory	95	37th	Average
Processing Speed	88	21st	Low Average

Memory Functioning:

Test	Standard Score	Percentile	Classification
WMS-IV Auditory Memory	92	30th	Average

WMS-IV Visual Memory	98	45th	Average
WMS-IV Immediate Memory	96	39th	Average
WMS-IV Delayed Memory	89	23rd	Low Average

Attention and Executive Function:

Test	Score/Time	Percentile	Classification
Trail Making Test A	38 seconds	25th	Low Average
Trail Making Test B	95 seconds	16th	Below Average
Stroop Color-Word	T-score: 42	20th	Below Average
PASAT (2-second)	35/60 correct	15th	Below Average

MOOD AND PERSONALITY ASSESSMENT

Beck Depression Inventory-II: Score of 18 (Mild to Moderate Depression)

Beck Anxiety Inventory: Score of 15 (Mild Anxiety)

Pain Catastrophizing Scale: Score of 28 (Moderate Pain Catastrophizing)

Clinical Interview Findings:

- Reports persistent low mood since accident
- Anxiety specifically related to physical activities and work performance
- Frustration with cognitive changes and loss of independence
- Sleep disturbance (awakens 3-4 times nightly due to pain)
- Social withdrawal and loss of interest in previously enjoyed activities
- No suicidal ideation but expresses feeling hopeless about recovery

SUMMARY AND INTERPRETATION

Cognitive Profile:

Mr. Doe demonstrates a pattern of cognitive functioning consistent with the effects of chronic pain, sleep disruption, depression, and medication side effects. While his overall intellectual functioning remains in the

average range, there are notable weaknesses in specific domains:

Strengths:

- Verbal reasoning and comprehension abilities remain intact
- General intellectual capacity preserved
- Perceptual reasoning skills maintained
- Good effort and motivation during testing

Areas of Concern:

- Processing speed significantly slowed (21st percentile)
- Sustained attention and concentration difficulties
- Executive functioning deficits, particularly mental flexibility
- Delayed memory retrieval below expected level
- Working memory inefficiency under complex conditions

Contributing Factors:

1. **Chronic Pain:** Persistent pain serves as a significant cognitive distractor
2. **Medication Effects:** Gabapentin and tramadol both contribute to cognitive slowing
3. **Sleep Disruption:** Poor sleep quality significantly impacts attention and memory
4. **Depression/Anxiety:** Mood symptoms further compromise cognitive efficiency
5. **Deconditioning:** Physical inactivity may contribute to overall cognitive sluggishness

Impact on Work Function:

The identified cognitive deficits would significantly impact Mr. Doe's ability to perform his pre-accident job as a staff accountant, which requires sustained attention, numerical processing, mental arithmetic, and management of complex financial information.

RECOMMENDATIONS

Immediate Interventions:

1. **Medication Review:** Consult with prescribing physician about optimizing pain management while minimizing cognitive side effects
2. **Sleep Study:** Comprehensive sleep evaluation to address sleep disruption
3. **Psychological Counseling:** CBT for chronic pain and depression management

Cognitive Rehabilitation:

1. Attention training exercises and compensatory strategies
2. Memory enhancement techniques and external memory aids
3. Processing speed training programs
4. Executive function skills training

Work-Related Accommodations:

1. Reduced work hours initially (4-6 hours/day)
2. Frequent breaks every 30-45 minutes
3. Simplified task assignments initially
4. Use of calculators and computer aids for mathematical functions
5. Written instructions and checklists
6. Quiet work environment to minimize distractions

Follow-up Testing:

Repeat neuropsychological evaluation in 6 months to assess progress and adjust recommendations as needed.

PSYCHOLOGIST ATTESTATION

I have personally conducted this comprehensive neuropsychological evaluation and reviewed all test results. The above represents my professional psychological assessment and recommendations.

Completed by: Dr. Michelle Mindful, Ph.D.

Date: 11/15/2025

Licensed Clinical Psychologist

License #: PSY-999999 (FICTIONAL)

Specialization: Neuropsychology, Chronic Pain Psychology

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