



Testing Facility: Doctor's Office

Office email for reports

FINDINGS

PATIENT CODE Patient 5000

Sex: F Age: 60.7

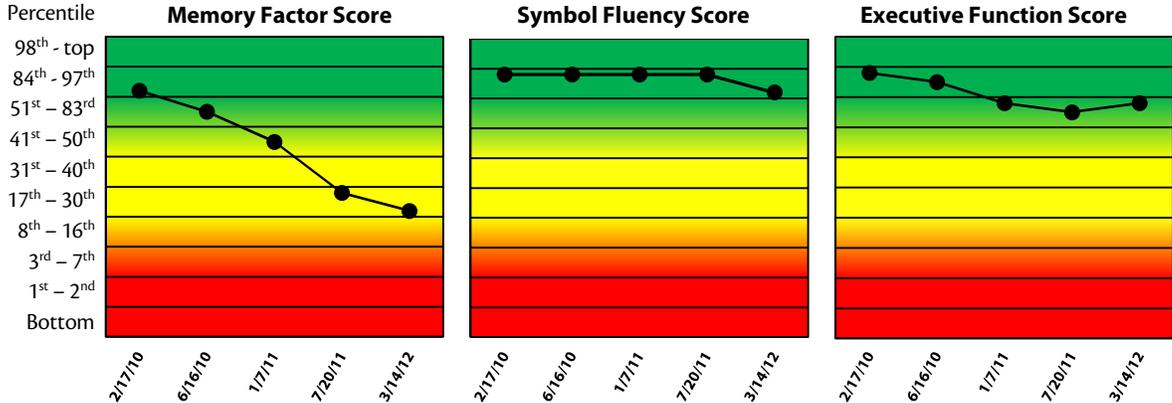
TEST LANGUAGE English

SESSION DATES 2/17/2010 6/16/2010 1/7/2011 7/20/2011 3/14/2012

This person's overall cognitive function score is very low for her age and education.

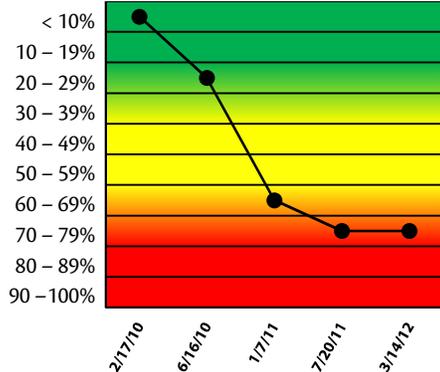
- The Memory factor score (acquisition and short-term retention) indicated a probable impairment. The Fluency factor score (language and clock symbol fluency) indicated high functioning. The Executive Functions score (abilities to organize, respond quickly, and inhibit incorrect responses) indicated normal functioning.

Cognitive Scores Relative to Norm (z scores for similar Education Level)



PROBABILITY OF MCI

70-79 %



PREDICTION

Screen predicts that if this person were given a full neuropsychological evaluation, the likelihood of an MCI classification would be high (greater than 70%). (This estimate is much greater than expected with normal aging.)

Mild Cognitive Impairment refers to a degree of cognitive decline that is in-between the cognitive changes associated with normal aging and those associated with clinical features of dementia.

OTHER FACTORS

- Depression Scale: Depression can cause or be confused with cognitive impairments or subjective memory deficits. This person answered 3 of the 10 depression scale questions in the symptomatic direction, an improvement from all earlier testing sessions. Medications: Attention to the effects of medication interactions upon cognition is always advised.

RECOMMENDATIONS

- Follow-up testing in three months is recommended to track changes in memory. Further medical/neurological evaluation appears currently appropriate. Provision of memory loss support resources may be useful.

**Testing Facility:  
Doctor's Office**
**Doctor's Name**
**PATIENT CODE  
Patient 5000**
**PERSONAL INFORMATION**

- She reports 14 years of formal education.

**Sex: F  
Age: 60.7**
**DISCUSSION OF FINDINGS**
**TEST LANGUAGE  
English**

- She shows a probable impairment in memory. This impairment in short-term memory might be apparent to those closest to her and most evident in the form of a reduced ability to learn new information, keep track of appointments, or benefit from reminders. Change over time (longitudinal scores) will help clarify the seriousness of this impairment.
- These test results suggest a possible mild depression or anxiety, since she answered 3 of the 10 depression scale items in the symptomatic direction. This is a significant improvement from her initial testing, in which she answered 7 of the 10 depression scale questions in the symptomatic direction. Further, all three of her answers today reflect concern about cognitive functioning, suggesting insight into her steady memory decline rather than depression.
- Answers associated with depression, when cognitive abilities are normal, were:
  - 'Do you have trouble concentrating?'
  - 'Is your mind as clear as it used to be?' (Answered No)
  - 'Do you feel you have more problems with memory than most?'
- She reports currently taking an anti-depressant.

**Longitudinal Scores**

TestDate	Memory*	Fluency*	Executive Functions*	Depression**
3/14/2012	-0.88	1.25	0.87	3
7/20/2011	-0.56	1.81	0.57	5
1/7/2011	-0.15	1.98	0.99	6
6/16/2010	0.66	1.96	1.51	6
2/17/2010	1.12	1.85	1.87	7

\*Z-Score (an expression of the Standard Deviation from Average for similar education level).

\*\* Number of answers associated with depression on a 10 question scale.

*This is a case of a female patient with reported depression who appeared unimpaired at her first testing. We recommended that she return in 6 months, to track changes in depression. We continued to recommend testing in 6 months and observed gradual continued memory decline despite less depression. The report shows that her symbol fluency, usually the last domain to give out with impending Alzheimer's, has remained relatively unimpaired and stable.*

This report has been produced by a live neuropsychology testing professional (PhD or MSW), not a licensed treatment provider, using automated test administration. This report is neither intended nor approved for clinical diagnosis. Its purpose is to screen for the need to perform the professional tests which might be prescribed by the clinician to determine specific medical diagnoses. The treating clinician, not Screen, Inc., has sole responsibility for interpretation of this report and any diagnoses and decisions based upon this report.