Dr Hana F Al-Ahmar  
BA, MA, DCP, PhD, CPsy, AFBPsS  
Principal Chartered Clinical Neuropsychologist

NEUROPSYCHOLOGICAL REPORT

Date: 13.5.01

Name: Mrs Ann CLARKE
DOB: 9.8.40
Report Requested by: Mr Michael Clarke

I  INTRODUCTION

Mrs Clarke lives currently with Michael, her eldest son. She is retired but until some six years ago, she ran a joint business with her, then, husband. She attended school until the age of 16 years and until her accident, managed an office and kept books.

Since her brain trauma, Mrs Clarke's affairs have been managed by a 'receivership' set up on her behalf. Michael and Mrs Clarke believe that she is now capable of managing her own affairs, financial or otherwise.

This report is an assessment of Mrs Clarke's mental abilities.

II  FORMAL NEUROPSYCHOLOGICAL ASSESSMENT

(A) Observation from Interview

Mrs Clarke was well groomed, attentive and she interacted appropriately. She admitted to lapses in her day to day memory, but did not impress as being disoriented or confused. She was well oriented to time, date, place and personal details and to basic general knowledge. Her physical responses although co-ordinated were slowed down and she relied on a walking stick.
Mrs Clarke admitted to having been depressed prior to her accident but her mood state during assessment seemed normal and, socially, her interaction was appropriate. She presented with no visuo-spatial problems and her right-left orientation was normal for her own body image and confronting person image.

(B) General Intellectual Function

1. Premorbid Intelligence

An estimate of Mrs Clarke’s intellectual ability prior to her injury.

<table>
<thead>
<tr>
<th>Schonnel Graded Reading Test Score</th>
<th>= 69</th>
</tr>
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<tbody>
<tr>
<td>IQ Equivalent</td>
<td>= 93</td>
</tr>
<tr>
<td>Classification</td>
<td>= average</td>
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2. Current Intellectual Functioning

Wechsler Adult Intelligence Scale

| Verbal IQ | = 92 |
| Performance IQ | = 86 |
| Full IQ | = 88 |

Mrs Clarke’s current abilities are generally within the average range with a downward trend which is not statistically significant. Her performance did not vary from her premorbid estimate.

3. Attention/Concentration

Mrs Clarke’s ability to divide her attention between two tasks at the same time fell within the low average range (Trail Making Test B = 28 seconds, 25th-50th percentile).

Mrs Clarke’s ability to filter out superficially similar but irrelevant information (that intruded on the task at hand) was deficient (Stroop Colour Word Task = 40, 2nd percentile, probability of brain damage = .97).

Her immediate attention span and working memory, however, were above average (digit span forward = 9, 70th percentile).

4. Memory/Learning

Mrs Clarke’s memory for verbal (textual) information fell within the borderline range. (Logical memory – immediate = 12) 9th percentile; logical memory – delayed = 11, 11th percentile).

Her ability to learn new information was initially within the norm for her peer group. Task repetition, however, led quickly to fatigue and her
performance deteriorated rapidly. She was not able to maintain her learning curve. However, what she learned, she was able to retain in the face of interference.

5. **Independent Living**

On the Clifton Assessment Cognitive Scale which measures range of independence.

Mrs Clarke presented as fully independent in terms of mental ability (Mab = 11) and Psychomotor coordination (pm = 10), but with mild cerebral impairment in terms of Information and Orientation (I/O=9).

The results indicate that in terms of general independent function, Mrs Clarke has only a mild impairment with low dependency on others. She is likely to need some support in the community but does not require close supervision.

**III OPINION**

(A) Mrs Clarke’s general intellectual function is currently within the average range and is consistent with her premorbid estimate.

(B) Mrs Clarke was well oriented and presented with no symptoms of underlying organic disease.

(C) Mrs Clarke’s main impairment was in terms of her lowered memory function. This, in my opinion, is a permanent result of her brain injury rather than a sign of dementia or progressive disease.

(D) Mrs Clarke’s impairment has been judged as mild which renders her slightly dependent and will require, therefore, some support in the community to continue living independently.

(E) Mrs Clarke would benefit from some support and advice to manage her affairs, generally. She is, however, cognitively competent to make decisions about her life and finances. Her occupational skills and fluency in using numbers are intact.

(F) In conclusion, Mrs Clarke is in full control of her mental abilities and presented me with no concerns about her decision making abilities.

Dr Hana F Al-Ahmar

21.6.01
DR HANA F AL-AHMAR
FEE NOTE

Name: Mrs A Clarke
Address: 31 Cherry Tree Road, Blackpool, FY4 4NA
Report Requested by: Mr Michael Clarke

Neuropsychological assessment and report £500.00
Total £500.00

Please make a cheque payable to
Dr H F Al-Ahmar

Please forward to:
Tulip Tree Cottage
2A Mersey Road
Heaton Mersey
SK4 3DE