



BRAINCHECK CQ™ REPORT

ASSESSMENT DATE: 12/16/2025

Powered by



BrainCheck

IDENTIFYING INFORMATION

Name: **Richard Martinez**

DOB: 10/23/1981

Age: 44

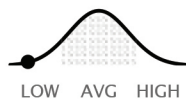
Sex: M

NEUROCOGNITIVE ASSESSMENT

BRAINCHECK COMBINED TEST RESULTS

65

STANDARD SCORE RANGE: 0-200

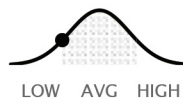
1st Population Percentile, **VERY LOW**Presence of cognitive impairment: **LIKELY** Clinical correlation warranted

BRAINCHECK INDIVIDUAL TEST RESULTS:

ATTENTION

a Trails A

Patients with impairment may struggle with processing speed, reaction time, paying attention, and visual scanning, having a harder time with busy environments. Lower scores strongly predict a decline in mobility



81 /200 Standard Score

11th Population Percentile, **LOW AVG**Impression: **POSSIBLE** indication of dysfunction

MENTAL FLEXIBILITY

b Trails B

Patients with impairment may struggle with navigating familiar places, driving, following a map, paying bills correctly, playing familiar games. Lower scores strongly predict a decline in mobility and the inability to drive.



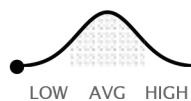
93 /200 Standard Score

32nd Population Percentile, **AVG**Impression: **UNLIKELY** indication of dysfunction

EXECUTIVE FUNCTION

Digit Symbol Substitution

Patients with impairment may struggle with paying attention for longer periods, reading, basic arithmetic. Lower scores have been associated with poor sleep, low mood, anxiety, and substance use

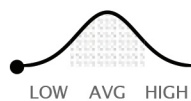


0 /200 Standard Score

1st Population Percentile, **VERY LOW**Impression: **LIKELY** indication of dysfunction

Stroop

Patients with impairment may struggle with: following complex instructions, decision making, poor judgment, socially inappropriate behavior, apathy, withdrawal, maintaining a healthy diet.



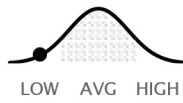
37 /200 Standard Score

1st Population Percentile, **VERY LOW**Impression: **LIKELY** indication of dysfunction

MEMORY

🕒 Immediate Recognition

Patients with impairment may struggle with repeating themselves or asking the same question repeatedly within a few minutes of each other, forgetting what they were going to do, forgetting where they placed something or paying attention to the TV



71 / 200 Standard Score

3rd Population Percentile , **LOW**

Impression: **POSSIBLE** indication of dysfunction

🕒 Delayed Recognition

Patients with impairment may struggle with repeating themselves later the same day or next day, forgetting the content of a conversation, or needing to rely on a calendar or alarm for reminders, not knowing current events.



92 / 200 Standard Score

30th Population Percentile , **AVG**

Impression: **UNLIKELY** indication of dysfunction



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RECOMMENDATIONS

Conduct cognitive care planning

NOTES:

Reason for testing: Head trauma (injury/fall/accident) sustained during an incident on Nov 8, 2025

SIGNATURE

Signed by: _____ Date: _____

Practice: Florida Wellness & Rehabilitation Centers

Address: FL

Phone:

Standard Score: Score scaled after comparing with the normative population in the same age group and using the same device. The mean score of the population is 100, and the standard deviation is 15. Scores above (below) 100 indicate superior (inferior) performance compared to the average performance of the population.

Population Percentile: Relative rank of Standard Score within the normative population in the same age group and using the same device. For example, 70th Population Percentile indicates 70% of test takers performed lower than the current test taker, or, said another way, the current test taker performed better than 70% of the population.

Skipped: The assessment was skipped intentionally. This is only applicable to the Coordination assessment.

Timeout: The assessment was not completed within the time limit, possibly due to the test taker being distracted, not providing full effort, or too severely impaired to complete testing. This is only applicable to the Stroop and Trail Making assessments.

Malingering: Indicates intentional production of lower performance based on performance on the immediate and delayed recognition assessments

Validity: Indicates whether enough testing is completed to provide a score and whether the score is within the boundaries of the normalized population. An invalid test indicates the test taker was likely distracted or not providing full effort.

Warning: BrainCheck Assess is an FDA Class II Medical Device. The device should be interpreted only by qualified healthcare professionals. The device is not intended to be used as a stand-alone diagnostic device. The device is not intended to identify the presence or absence of clinical diagnosis. BrainCheck Screen, BrainCheck Plan and screeners are not regulated devices, but may be used alongside BrainCheck Assess to support clinical decision making in evaluating cognitive status.