

## **Rhinolight® Patient Consent Form**

*(Dr Ranbir Kaulsay, Bon Secours Consultants Clinic / Beacon Consultants Clinic)*

I (name, address and DOB)

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- Have read the information provided on **Rhinolight®** and understand -
- There are no guarantees of success with **Rhinolight** treatment.
- Management is ongoing with further treatments possibly necessary.
- Symptom clearance may not occur until after 5 to 6 treatment cycles.
- In rare instances a worsening of symptoms may occur but understand this usually settles and is not a reason to stop treatment.
- **Rhinolight** may not be a complete substitute for standard medical therapy and that both **Rhinolight** and medical therapy may be used together.
- I accept that if there is no improvement with either **Rhinolight®** or standard anti-allergy therapies I may require surgical intervention under the care of an appropriate ENT surgeon.
- I agree that the scoring system used to monitor my progress may be used (without my ID being identified) for further research into **Rhinolight®**.
- I do not now or ever have been treated for any skin cancer such as malignant melanoma, basal cell carcinoma or any variation of skin cancer.

I confirm that the skin surface in the immediate inside of my nostrils has been inspected to exclude naevus (commonly known as mole). *I have been advised about possible initial side effects such as drying of the nose lining and will use Vit A oil drops for this should it occur.*

*Note here: deviated septum, severely blocked nose unresponsive to treatment, previous nose or sinus surgery especially for nasal polyps.*

Signature of patient or parent/guardian if patient aged below 18 years.

Patient ID .....

Date of treatment .....

## Rhinolight® phototherapy for nose & sinus allergy

Please circle a score between 0 – 5 for your symptoms before Rhinolight treatment (0 being no unusual symptoms ever to 5 suggesting severe symptoms such as constant blocked nose, runny nose, carrying lots of tissues, fatigue, impaired sense of smell etc).

1) Blocked nose .....0...1...2...3...4...5

2) Runny nose .....0...1...2...3...4...5

3) Itchy nose .....0...1...2...3...4...5

4) Sneezing .....0...1...2...3...4...5

5) Itchy/irritable eyes .....0...1...2...3...4...5

6) Cough/wheeze (even with exercise) .....0...1...2...3...4...5

7) Impaired sense of smell .....0...1...2...3...4...5

8) Headaches/cheek pain .....0...1...2...3...4...5

Total score:

*(Dr Ranbir Kaulsay, Bon Secours Consultants Clinic / Beacon Face & Dermatology Clinic)*

## **Rhinolight 1<sup>st</sup> treatment protocol**

1. Skin prick testing positives to aero-allergens.
2. Symptoms plus test results plus nasal inspection confirms diagnosis of allergic rhino-sinusitis.
3. Consent form signed.
4. Symptom score form offered.
5. No naevus present in immediate nasal vestibule.
6. Check history of peanut or soya allergy.
7. Coldastop drops and information sheet passed over.

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